

## Sub Screen: Award: 269-0045-009X-3183325LS

54	Sub-Recipient Organization (Awardee)*	LSCP LLC-3183325LS
55	Award Number*	269-0045-009X-3183325LS
56	Award Payment Method*	Lump Sum Payment(s)
57	Amount of Award *	\$750,000.00
58	Award Date *	10/04/2020
59	Period of Performance Start Date *	10/15/2020
60	Period of Performance End Date *	10/15/2020
61	Primary Place of Performance Address Line 1 *	4808 F Ave
62	Primary Place of Performance Address Line 2	
63	Primary Place of Performance Address Line 3	
64	Primary Place of Performance City Name *	Marcus
65	Primary Place of Performance State Code *	IA
66	Primary Place of Performance Zip+4 *	51035-7070
67	Primary Place of Performance Country Name *	United States
68	Primary Place of Performance Country Code *	USA
69	Primary Place of Performance Congressional District *	4
70	Award Description *	To provide short-term cash flow assistance to continue operations, provide increased services and support throughout the COVID-19 pandemic.

### Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-269-0045 - State Biofuel Grant Program	\$00	\$750,000.00	\$00	\$750,000.00
Total		\$00	\$750,000.00	\$00	\$750,000.00

### Previous Expenditures (All previous quarters)

	72 A	72 B	72 C	72 D	72 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-269-0045 - State Biofuel Grant Program	10/15/2020 10/15/2020	\$750,000.00	Economic Support (Other than Small Business, Housing, and Food Assistance)	
Total:					\$750,000.00

### Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*			Yes							
74	Non-Compliance Explanation										
	75 A		75 B		75 C		75 D		75 E		
	Project*		Expenditure Date Range*		Cost or Expenditure Amount*		Cost or Expenditure Category*		Category Description		Delete
Line 1	0				\$00						
Total:					\$00						

## Sub Screen: Award: 269-0045-009X-3183326ER

54	Sub-Recipient Organization (Awardee)*	THE ANDERSONS MARATHON HOLDINGS LLC-3183326ER	
55	Award Number*	269-0045-009X-3183326ER	
56	Award Payment Method*	Lump Sum Payment(s)	
57	Amount of Award *		\$353,883.00
58	Award Date *	10/04/2020	
59	Period of Performance Start Date *	10/21/2020	
60	Period of Performance End Date *	10/21/2020	
61	Primary Place of Performance Address Line 1 *	PO BOX 119	
62	Primary Place of Performance Address Line 2		
63	Primary Place of Performance Address Line 3		
64	Primary Place of Performance City Name *	Maumee	
65	Primary Place of Performance State Code *	OH	
66	Primary Place of Performance Zip+4 *	43537-0119	
67	Primary Place of Performance Country Name *	United States	
68	Primary Place of Performance Country Code *	USA	
69	Primary Place of Performance Congressional District *	5	
70	Award Description *	To provide short-term cash flow assistance to continue operations, provide increased services and support throughout the COVID-19 pandemic.	

### Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-269-0045 - State Biofuel Grant Program	\$00	\$353,883.00	\$00	\$353,883.00
Total		\$00	\$353,883.00	\$00	\$353,883.00

### Previous Expenditures (All previous quarters)

	72 A	72 B		72 C	72 D	72 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-269-0045 - State Biofuel Grant Program	10/21/2020	10/21/2020	\$353,883.00	Economic Support (Other than Small Business, Housing, and Food Assistance)	
Total:						\$353,883.00

### Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*		Yes			
74	Non-Compliance Explanation					
	75 A	75 B		75 C	75 D	75 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	0			\$00		
Total:						\$00

## Sub Screen: Award: 269-0045-009X-3183327VA

54	Sub-Recipient Organization (Awardee)*	VALERO RENEWABLE FUELS COMPANY LLC-3183327VA
55	Award Number*	269-0045-009X-3183327VA
56	Award Payment Method*	Lump Sum Payment(s)
57	Amount of Award *	\$750,000.00
58	Award Date *	10/04/2020
59	Period of Performance Start Date *	10/15/2020
60	Period of Performance End Date *	10/15/2020
61	Primary Place of Performance Address Line 1 *	1 Valero Way
62	Primary Place of Performance Address Line 2	
63	Primary Place of Performance Address Line 3	
64	Primary Place of Performance City Name *	San Antonio
65	Primary Place of Performance State Code *	TX
66	Primary Place of Performance Zip+4 *	78249-1616
67	Primary Place of Performance Country Name *	United States
68	Primary Place of Performance Country Code *	USA
69	Primary Place of Performance Congressional District *	20
70	Award Description *	To provide short-term cash flow assistance to continue operations, provide increased services and support throughout the COVID-19 pandemic.

### Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-269-0045 - State Biofuel Grant Program	\$00	\$750,000.00	\$00	\$750,000.00
Total		\$00	\$750,000.00	\$00	\$750,000.00

### Previous Expenditures (All previous quarters)

	72 A	72 B	72 C	72 D	72 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-269-0045 - State Biofuel Grant Program	10/15/2020 10/15/2020	\$750,000.00	Economic Support (Other than Small Business, Housing, and Food Assistance)	
Total:					\$750,000.00

### Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*			Yes			
74	Non-Compliance Explanation						
	75 A	75 B		75 C	75 D	75 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:				\$00			

## Sub Screen: Award: 269-0045-009X-3183328PL

54	Sub-Recipient Organization (Awardee)*	PLYMOUTH ENERGY LLC-3183328PL	
55	Award Number*	269-0045-009X-3183328PL	
56	Award Payment Method*	Lump Sum Payment(s)	
57	Amount of Award *		\$232,053.00
58	Award Date *	10/04/2020	
59	Period of Performance Start Date *	10/15/2020	
60	Period of Performance End Date *	10/15/2020	
61	Primary Place of Performance Address Line 1 *	22234 K42	
62	Primary Place of Performance Address Line 2		
63	Primary Place of Performance Address Line 3		
64	Primary Place of Performance City Name *	Merrill	
65	Primary Place of Performance State Code *	IA	
66	Primary Place of Performance Zip+4 *	51038-8603	
67	Primary Place of Performance Country Name *	United States	
68	Primary Place of Performance Country Code *	USA	
69	Primary Place of Performance Congressional District *		
70	Award Description *	To provide short-term cash flow assistance to continue operations, provide increased services and support throughout the COVID-19 pandemic.	

### Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-269-0045 - State Biofuel Grant Program	\$00	\$232,053.00	\$00	\$232,053.00
Total		\$00	\$232,053.00	\$00	\$232,053.00

### Previous Expenditures (All previous quarters)

	72 A	72 B		72 C	72 D	72 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-269-0045 - State Biofuel Grant Program	10/15/2020	10/15/2020	\$232,053.00	Economic Support (Other than Small Business, Housing, and Food Assistance)	
Total:						\$232,053.00

### Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*		Yes			
74	Non-Compliance Explanation					
	75 A	75 B		75 C	75 D	75 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	0			\$00		
Total:						\$00

## Sub Screen: Award: 269-0045-009X-3183329PL

54	Sub-Recipient Organization (Awardee)*	PLCP LLLP-3183329PL
55	Award Number*	269-0045-009X-3183329PL
56	Award Payment Method*	Lump Sum Payment(s)
57	Amount of Award *	\$427,282.00
58	Award Date *	10/04/2020
59	Period of Performance Start Date *	10/19/2020
60	Period of Performance End Date *	10/19/2020
61	Primary Place of Performance Address Line 1 *	33371 170th St
62	Primary Place of Performance Address Line 2	
63	Primary Place of Performance Address Line 3	
64	Primary Place of Performance City Name *	Steamboat Rock
65	Primary Place of Performance State Code *	IA
66	Primary Place of Performance Zip+4 *	50672-8096
67	Primary Place of Performance Country Name *	United States
68	Primary Place of Performance Country Code *	USA
69	Primary Place of Performance Congressional District *	4
70	Award Description *	To provide short-term cash flow assistance to continue operations, provide increased services and support throughout the COVID-19 pandemic.

### Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-269-0045 - State Biofuel Grant Program	\$00	\$427,282.00	\$00	\$427,282.00
Total		\$00	\$427,282.00	\$00	\$427,282.00

### Previous Expenditures (All previous quarters)

	72 A	72 B	72 C	72 D	72 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-269-0045 - State Biofuel Grant Program	10/19/2020 10/19/2020	\$427,282.00	Economic Support (Other than Small Business, Housing, and Food Assistance)	
Total:					\$427,282.00

### Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*			Yes							
74	Non-Compliance Explanation										
	75 A		75 B		75 C		75 D		75 E		
	Project*		Expenditure Date Range*		Cost or Expenditure Amount*		Cost or Expenditure Category*		Category Description		Delete
Line 1	0				\$00						
Total:					\$00						

### Sub Screen: Award: 309-PFEH-0052-3183379

54	Sub-Recipient Organization (Awardee)*	Generativity LLC-3183379GE	
55	Award Number*	309-PFEH-0052-3183379	
56	Award Payment Method*	Lump Sum Payment(s)	
57	Amount of Award *		\$150,000.00
58	Award Date *	11/18/2020	
59	Period of Performance Start Date *	11/19/2020	
60	Period of Performance End Date *	06/30/2021	
61	Primary Place of Performance Address Line 1 *	2067 Highway 4 Unit 206	
62	Primary Place of Performance Address Line 2		
63	Primary Place of Performance Address Line 3		
64	Primary Place of Performance City Name *	Panora	
65	Primary Place of Performance State Code *	IA	
66	Primary Place of Performance Zip+4 *	50216-8719	
67	Primary Place of Performance Country Name *	United States	
68	Primary Place of Performance Country Code *	USA	
69	Primary Place of Performance Congressional District *	3	
70	Award Description *	Funding is supporting the creation and expansion of short-term learn and learn training programs resulting in industry-recognized credentials by providing grants for Expand opportunities for Iowans whose employment has been affected or eliminated because of the Coronavirus pandemic.	

### Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-309-AAEH - Earn and Learn Grants	\$00	\$150,000.00	\$00	\$150,000.00
Total		\$00	\$150,000.00	\$00	\$150,000.00

### Previous Expenditures (All previous quarters)

	72 A	72 B	72 C	72 D	72 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-309-AAEH - Earn and Learn Grants	11/19/2020 11/19/2020	\$150,000.00	Items Not Listed Above	Vocational Training
Total:					\$150,000.00

### Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*			Yes							
74	Non-Compliance Explanation										
	75 A		75 B		75 C		75 D		75 E		
	Project*		Expenditure Date Range*		Cost or Expenditure Amount*		Cost or Expenditure Category*		Category Description		Delete
Line 1	0				\$00						
Total:					\$00						

## Sub Screen: Award: 21-RFRRP-008-009

54	Sub-Recipient Organization (Awardee)*	EZ MART LLC-3183630EZ
55	Award Number*	21-RFRRP-008-009
56	Award Payment Method*	Lump Sum Payment(s)
57	Amount of Award *	\$60,000.00
58	Award Date *	10/12/2020
59	Period of Performance Start Date *	10/28/2020
60	Period of Performance End Date *	12/30/2020
61	Primary Place of Performance Address Line 1 *	1111 LINCOLN ST SE
62	Primary Place of Performance Address Line 2	
63	Primary Place of Performance Address Line 3	
64	Primary Place of Performance City Name *	BONDURANT
65	Primary Place of Performance State Code *	IA
66	Primary Place of Performance Zip+4 *	50035
67	Primary Place of Performance Country Name *	United States
68	Primary Place of Performance Country Code *	USA
69	Primary Place of Performance Congressional District *	
70	Award Description *	For the construction, installation, upgrade, and retrofit of equipment associated with the sale of renewable fuels to expand markets disrupted by COVID-19.

### Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-009-1136 - Renewable Fuel Retail Recovery Program	\$00	\$60,000.00	\$00	\$60,000.00
Total		\$00	\$60,000.00	\$00	\$60,000.00

### Previous Expenditures (All previous quarters)

	72 A	72 B	72 C	72 D	72 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-009-1136 - Renewable Fuel Retail Recovery Program	10/28/2020 10/28/2020	\$60,000.00	Economic Support (Other than Small Business, Housing, and Food Assistance)	
Total:					\$60,000.00

### Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*			Yes							
74	Non-Compliance Explanation										
	75 A		75 B		75 C		75 D		75 E		
	Project*		Expenditure Date Range*		Cost or Expenditure Amount*		Cost or Expenditure Category*		Category Description		Delete
Line 1	0				\$00						
Total:					\$00						

## Sub Screen: Award: 269-0045-009X-3183649GR

54	Sub-Recipient Organization (Awardee)*	GRAIN PROCESSING CORPORATION-3183649GR	
55	Award Number*	269-0045-009X-3183649GR	
56	Award Payment Method*	Lump Sum Payment(s)	
57	Amount of Award *		\$221,196.00
58	Award Date *	10/20/2020	
59	Period of Performance Start Date *	10/23/2020	
60	Period of Performance End Date *	10/23/2020	
61	Primary Place of Performance Address Line 1 *	1600 Oregon St	
62	Primary Place of Performance Address Line 2		
63	Primary Place of Performance Address Line 3		
64	Primary Place of Performance City Name *	Muscatine	
65	Primary Place of Performance State Code *	IA	
66	Primary Place of Performance Zip+4 *	52761-1404	
67	Primary Place of Performance Country Name *	United States	
68	Primary Place of Performance Country Code *	USA	
69	Primary Place of Performance Congressional District *	2	
70	Award Description *	To provide short-term cash flow assistance to continue operations, provide increased services and support throughout the COVID-19 pandemic.	

### Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-269-0045 - State Biofuel Grant Program	\$00	\$221,196.00	\$00	\$221,196.00
Total		\$00	\$221,196.00	\$00	\$221,196.00

### Previous Expenditures (All previous quarters)

	72 A	72 B		72 C	72 D	72 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-269-0045 - State Biofuel Grant Program	10/23/2020	10/23/2020	\$221,196.00	Economic Support (Other than Small Business, Housing, and Food Assistance)	
Total:						\$221,196.00

### Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*		Yes			
74	Non-Compliance Explanation					
	75 A	75 B		75 C	75 D	75 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	0			\$00		
Total:						\$00



## Sub Screen: Award: 269-0043-009Q-3183711NE

54	Sub-Recipient Organization (Awardee)*	NEW VISIONS HOMELESS SERVICES-3183711NE
55	Award Number*	269-0043-009Q-3183711NE
56	Award Payment Method*	Lump Sum Payment(s)
57	Amount of Award *	\$54,000.00
58	Award Date *	10/06/2020
59	Period of Performance Start Date *	11/02/2020
60	Period of Performance End Date *	11/02/2020
61	Primary Place of Performance Address Line 1 *	1435 N 15th St
62	Primary Place of Performance Address Line 2	
63	Primary Place of Performance Address Line 3	
64	Primary Place of Performance City Name *	Council Bluffs
65	Primary Place of Performance State Code *	IA
66	Primary Place of Performance Zip+4 *	51501-1133
67	Primary Place of Performance Country Name *	United States
68	Primary Place of Performance Country Code *	USA
69	Primary Place of Performance Congressional District *	3
70	Award Description *	To provide short-term cash flow assistance to continue operations, provide increased services and supports, and/or to reopen the nonprofit following the COVID-19 pandemic. This grant was targeted to shelters.

### Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-269-0379 - Small Business Relief Grants	\$00	\$54,000.00	\$00	\$54,000.00
Total		\$00	\$54,000.00	\$00	\$54,000.00

### Previous Expenditures (All previous quarters)

	72 A	72 B	72 C	72 D	72 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-269-0379 - Small Business Relief Grants	11/02/2020 11/02/2020	\$54,000.00	Economic Support (Other than Small Business, Housing, and Food Assistance)	
Total:					\$54,000.00

### Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*			Yes			
74	Non-Compliance Explanation						
	75 A	75 B		75 C	75 D	75 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:				\$00			

## Sub Screen: Award: 309-PFAV-0052-3184070CO

54	Sub-Recipient Organization (Awardee)*	COUNTRY MEATS INC-3184070CO
55	Award Number*	309-PFAV-0052-3184070CO
56	Award Payment Method*	Lump Sum Payment(s)
57	Amount of Award *	\$50,000.00
58	Award Date *	11/17/2020
59	Period of Performance Start Date *	11/18/2020
60	Period of Performance End Date *	06/30/2021
61	Primary Place of Performance Address Line 1 *	104 Main St
62	Primary Place of Performance Address Line 2	
63	Primary Place of Performance Address Line 3	
64	Primary Place of Performance City Name *	ARCADIA
65	Primary Place of Performance State Code *	IA
66	Primary Place of Performance Zip+4 *	51430
67	Primary Place of Performance Country Name *	United States
68	Primary Place of Performance Country Code *	USA
69	Primary Place of Performance Congressional District *	
70	Award Description *	Funding is to increase the number of Registered Apprenticeship Training Programs in Iowa high schools, non-profits, small businesses, postsecondary institutions and in healthcare settings. Registered Apprenticeship programs provide Iowans with opportunities to learn and learn while obtaining nationally recognized credentials. These programs are registered through the United States Department of Labor.

### Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-309-AAAV - Registered Apprenticeship Incentive Grant Program	\$00	\$50,000.00	\$00	\$50,000.00
Total		\$00	\$50,000.00	\$00	\$50,000.00

### Previous Expenditures (All previous quarters)

	72 A	72 B	72 C	72 D	72 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-309-AAAV - Registered Apprenticeship Incentive Grant Program	11/18/2020 11/18/2020	\$50,000.00	Items Not Listed Above	Vocational Training
Total:					\$50,000.00

### Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*			Yes			
74	Non-Compliance Explanation						
	75 A	75 B		75 C	75 D	75 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:				\$00			

### Sub Screen: Award: 309-PFEH-0052-3184070

54	Sub-Recipient Organization (Awardee)*	COUNTRY MEATS INC-3184070CO
55	Award Number*	309-PFEH-0052-3184070
56	Award Payment Method*	Lump Sum Payment(s)
57	Amount of Award *	\$200,000.00
58	Award Date *	11/17/2020
59	Period of Performance Start Date *	11/18/2020
60	Period of Performance End Date *	06/30/2021
61	Primary Place of Performance Address Line 1 *	104 Main St
62	Primary Place of Performance Address Line 2	
63	Primary Place of Performance Address Line 3	
64	Primary Place of Performance City Name *	ARCADIA
65	Primary Place of Performance State Code *	IA
66	Primary Place of Performance Zip+4 *	51430
67	Primary Place of Performance Country Name *	United States
68	Primary Place of Performance Country Code *	USA
69	Primary Place of Performance Congressional District *	
70	Award Description *	Funding is supporting the creation and expansion of short-term learn and learn training programs resulting in industry-recognized credentials by providing grants for Expand opportunities for Iowans whose employment has been affected or eliminated because of the Coronavirus pandemic.

### Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-309-AAEH - Earn and Learn Grants	\$00	\$200,000.00	\$00	\$200,000.00
Total		\$00	\$200,000.00	\$00	\$200,000.00

### Previous Expenditures (All previous quarters)

	72 A	72 B	72 C	72 D	72 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-309-AAEH - Earn and Learn Grants	11/18/2020 11/18/2020	\$200,000.00	Items Not Listed Above	Vocational Training
Total:					\$200,000.00

### Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*			Yes							
74	Non-Compliance Explanation										
	75 A		75 B		75 C		75 D		75 E		
	Project*		Expenditure Date Range*		Cost or Expenditure Amount*		Cost or Expenditure Category*		Category Description		Delete
Line 1	0				\$00						
Total:					\$00						

## Sub Screen: Award: 21-RFRRP-065-066

54	Sub-Recipient Organization (Awardee)*	LINCOLN HEIGHTS STATION LLC-3184100LI
55	Award Number*	21-RFRRP-065-066
56	Award Payment Method*	Lump Sum Payment(s)
57	Amount of Award *	\$60,000.00
58	Award Date *	10/29/2020
59	Period of Performance Start Date *	11/13/2020
60	Period of Performance End Date *	12/30/2020
61	Primary Place of Performance Address Line 1 *	11400 680th Ave
62	Primary Place of Performance Address Line 2	
63	Primary Place of Performance Address Line 3	
64	Primary Place of Performance City Name *	Zearing
65	Primary Place of Performance State Code *	IA
66	Primary Place of Performance Zip+4 *	50278-8517
67	Primary Place of Performance Country Name *	United States
68	Primary Place of Performance Country Code *	USA
69	Primary Place of Performance Congressional District *	4
70	Award Description *	For the construction, installation, upgrade, and retrofit of equipment associated with the sale of renewable fuels to expand markets disrupted by COVID-19.

### Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-009-1136 - Renewable Fuel Retail Recovery Program	\$00	\$60,000.00	\$00	\$60,000.00
Total		\$00	\$60,000.00	\$00	\$60,000.00

### Previous Expenditures (All previous quarters)

	72 A	72 B	72 C	72 D	72 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-009-1136 - Renewable Fuel Retail Recovery Program	11/13/2020 11/13/2020	\$60,000.00	Economic Support (Other than Small Business, Housing, and Food Assistance)	
Total:					\$60,000.00

### Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*			Yes				
74	Non-Compliance Explanation							
	75 A		75 B		75 C	75 D	75 E	
	Project*		Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0				\$00			
Total:					\$00			

## Sub Screen: Award: 21-RFRRP-040-041

54	Sub-Recipient Organization (Awardee)*	LINCOLN FARM AND HOME 3 LLC-3184101LI
55	Award Number*	21-RFRRP-040-041
56	Award Payment Method*	Lump Sum Payment(s)
57	Amount of Award *	\$60,000.00
58	Award Date *	10/28/2020
59	Period of Performance Start Date *	11/13/2020
60	Period of Performance End Date *	12/30/2020
61	Primary Place of Performance Address Line 1 *	PO BOX 210
62	Primary Place of Performance Address Line 2	
63	Primary Place of Performance Address Line 3	
64	Primary Place of Performance City Name *	Glenwood
65	Primary Place of Performance State Code *	IA
66	Primary Place of Performance Zip+4 *	51534-0210
67	Primary Place of Performance Country Name *	United States
68	Primary Place of Performance Country Code *	USA
69	Primary Place of Performance Congressional District *	3
70	Award Description *	For the construction, installation, upgrade, and retrofit of equipment associated with the sale of renewable fuels to expand markets disrupted by COVID-19.

### Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-009-1136 - Renewable Fuel Retail Recovery Program	\$00	\$60,000.00	\$00	\$60,000.00
Total		\$00	\$60,000.00	\$00	\$60,000.00

### Previous Expenditures (All previous quarters)

	72 A	72 B	72 C	72 D	72 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-009-1136 - Renewable Fuel Retail Recovery Program	11/13/2020 11/13/2020	\$60,000.00	Economic Support (Other than Small Business, Housing, and Food Assistance)	
Total:					\$60,000.00

### Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*			Yes		
74	Non-Compliance Explanation					
	75 A		75 B	75 C	75 D	75 E
	Project*		Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	0			\$00		
Total:				\$00		

### Sub Screen: Award: 309-PFEH-0052-3184225

54	Sub-Recipient Organization (Awardee)*	BOVARD STUDIO INC-3184225BO	
55	Award Number*	309-PFEH-0052-3184225	
56	Award Payment Method*	Lump Sum Payment(s)	
57	Amount of Award *		\$120,085.00
58	Award Date *	11/22/2020	
59	Period of Performance Start Date *	11/23/2020	
60	Period of Performance End Date *	06/30/2021	
61	Primary Place of Performance Address Line 1 *	2281 Business 34	
62	Primary Place of Performance Address Line 2		
63	Primary Place of Performance Address Line 3		
64	Primary Place of Performance City Name *	Fairfield	
65	Primary Place of Performance State Code *	IA	
66	Primary Place of Performance Zip+4 *	52556-8403	
67	Primary Place of Performance Country Name *	United States	
68	Primary Place of Performance Country Code *	USA	
69	Primary Place of Performance Congressional District *	2	
70	Award Description *	Funding is supporting the creation and expansion of short-term learn and learn training programs resulting in industry-recognized credentials by providing grants for Expand opportunities for Iowans whose employment has been affected or eliminated because of the Coronavirus pandemic.	

### Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-309-AAEH - Earn and Learn Grants	\$00	\$120,085.00	\$00	\$120,085.00
Total		\$00	\$120,085.00	\$00	\$120,085.00

### Previous Expenditures (All previous quarters)

	72 A	72 B		72 C	72 D	72 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-309-AAEH - Earn and Learn Grants	11/23/2020	11/23/2020	\$120,085.00	Items Not Listed Above	Vocational Training
Total:						\$120,085.00

### Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*		Yes			
74	Non-Compliance Explanation					
	75 A	75 B		75 C	75 D	75 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	0			\$00		
Total:						\$00

### Sub Screen: Award: 309-PFAV-0052-3184227

54	Sub-Recipient Organization (Awardee)*	FAMILY PET VETERINARY CENTERS MANAGEMENT CO-3184227FA	
55	Award Number*	309-PFAV-0052-3184227	
56	Award Payment Method*	Lump Sum Payment(s)	
57	Amount of Award *		\$50,000.00
58	Award Date *	12/01/2020	
59	Period of Performance Start Date *	12/02/2020	
60	Period of Performance End Date *	06/30/2021	
61	Primary Place of Performance Address Line 1 *	1215 Prospect Ave	
62	Primary Place of Performance Address Line 2		
63	Primary Place of Performance Address Line 3		
64	Primary Place of Performance City Name *	West Des Moines	
65	Primary Place of Performance State Code *	IA	
66	Primary Place of Performance Zip+4 *	50265-3588	
67	Primary Place of Performance Country Name *	United States	
68	Primary Place of Performance Country Code *	USA	
69	Primary Place of Performance Congressional District *	3	
70	Award Description *	Funding is to increase the number of Registered Apprenticeship Training Programs in Iowa high schools, non-profits, small businesses, postsecondary institutions and in healthcare settings. Registered Apprenticeship programs provide Iowans with opportunities to learn and learn while obtaining nationally recognized credentials. These programs are registered through the United States Department of Labor.	

### Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-309-AAAV - Registered Apprenticeship Incentive Grant Program	\$00	\$50,000.00	\$00	\$50,000.00
Total		\$00	\$50,000.00	\$00	\$50,000.00

### Previous Expenditures (All previous quarters)

	72 A	72 B		72 C	72 D	72 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-309-AAAV - Registered Apprenticeship Incentive Grant Program	12/02/2020	12/02/2020	\$50,000.00	Items Not Listed Above	Vocational Training
Total:						\$50,000.00

### Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*		Yes			
74	Non-Compliance Explanation					
	75 A	75 B		75 C	75 D	75 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	0			\$00		
Total:						\$00

## Sub Screen: Award: 309-PFAV-0052-3184229

54	Sub-Recipient Organization (Awardee)*	INFORMED CHOICE OF IOWA CORPORATION-3184229IN	
55	Award Number*	309-PFAV-0052-3184229	
56	Award Payment Method*	Lump Sum Payment(s)	
57	Amount of Award *	\$165,015.35	
58	Award Date *	11/19/2020	
59	Period of Performance Start Date *	11/20/2020	
60	Period of Performance End Date *	06/30/2021	
61	Primary Place of Performance Address Line 1 *	821 S Gilbert St	
62	Primary Place of Performance Address Line 2		
63	Primary Place of Performance Address Line 3		
64	Primary Place of Performance City Name *	Iowa City	
65	Primary Place of Performance State Code *	IA	
66	Primary Place of Performance Zip+4 *	52240-1742	
67	Primary Place of Performance Country Name *	United States	
68	Primary Place of Performance Country Code *	USA	
69	Primary Place of Performance Congressional District *	2	
70	Award Description *	Funding is to increase the number of Registered Apprenticeship Training Programs in Iowa high schools, non-profits, small businesses, postsecondary institutions and in healthcare settings. Registered Apprenticeship programs provide Iowans with opportunities to learn and learn while obtaining nationally recognized credentials. These programs are registered through the United States Department of Labor.	

### Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-309-AAAV - Registered Apprenticeship Incentive Grant Program	\$00	\$165,015.35	\$00	\$165,015.35
Total		\$00	\$165,015.35	\$00	\$165,015.35

### Previous Expenditures (All previous quarters)

	72 A	72 B		72 C	72 D	72 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-309-AAAV - Registered Apprenticeship Incentive Grant Program	11/20/2020	11/20/2020	\$165,015.35	Items Not Listed Above	Vocational Training
Total:				\$165,015.35		

### Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*		Yes			
74	Non-Compliance Explanation					
	75 A	75 B		75 C	75 D	75 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	0			\$00		
Total:				\$00		



### Sub Screen: Award: 309-PFEH-0052-3184232

54	Sub-Recipient Organization (Awardee)*	KNIGHT MOVES-3184232KN	
55	Award Number*	309-PFEH-0052-3184232	
56	Award Payment Method*	Lump Sum Payment(s)	
57	Amount of Award *		\$248,449.00
58	Award Date *	11/19/2020	
59	Period of Performance Start Date *	11/20/2020	
60	Period of Performance End Date *	06/30/2021	
61	Primary Place of Performance Address Line 1 *	609 55th St	
62	Primary Place of Performance Address Line 2		
63	Primary Place of Performance Address Line 3		
64	Primary Place of Performance City Name *	West Des Moines	
65	Primary Place of Performance State Code *	IA	
66	Primary Place of Performance Zip+4 *	50266-6302	
67	Primary Place of Performance Country Name *	United States	
68	Primary Place of Performance Country Code *	USA	
69	Primary Place of Performance Congressional District *	3	
70	Award Description *	Funding is supporting the creation and expansion of short-term learn and learn training programs resulting in industry-recognized credentials by providing grants for Expand opportunities for Iowans whose employment has been affected or eliminated because of the Coronavirus pandemic.	

### Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-309-AAEH - Earn and Learn Grants	\$00	\$248,449.00	\$00	\$248,449.00
Total		\$00	\$248,449.00	\$00	\$248,449.00

### Previous Expenditures (All previous quarters)

	72 A	72 B	72 C	72 D	72 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Category Description
Line 1	IA-309-AAEH - Earn and Learn Grants	11/20/2020	11/20/2020	\$249,199.00	Vocational Training
Line 2	IA-309-AAEH - Earn and Learn Grants	04/01/2021	06/30/2021	\$-750.00	Vocational Training
Total:					\$248,449.00

### Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*		Yes				
74	Non-Compliance Explanation						
	75 A	75 B	75 C	75 D	75 E		
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

### Sub Screen: Award: 309-PFEH-0052-3184233

54	Sub-Recipient Organization (Awardee)*	KOCH LANDSCAPING & HAULING INC-3184233KO
55	Award Number*	309-PFEH-0052-3184233
56	Award Payment Method*	Lump Sum Payment(s)
57	Amount of Award *	\$157,960.00
58	Award Date *	11/19/2020
59	Period of Performance Start Date *	11/20/2020
60	Period of Performance End Date *	06/30/2021
61	Primary Place of Performance Address Line 1 *	1555 Palmer Ct NE
62	Primary Place of Performance Address Line 2	
63	Primary Place of Performance Address Line 3	
64	Primary Place of Performance City Name *	Solon
65	Primary Place of Performance State Code *	IA
66	Primary Place of Performance Zip+4 *	52333-8701
67	Primary Place of Performance Country Name *	United States
68	Primary Place of Performance Country Code *	USA
69	Primary Place of Performance Congressional District *	2
70	Award Description *	Funding is supporting the creation and expansion of short-term learn and learn training programs resulting in industry-recognized credentials by providing grants for Expand opportunities for Iowans whose employment has been affected or eliminated because of the Coronavirus pandemic.

### Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-309-AAEH - Earn and Learn Grants	\$00	\$157,960.00	\$00	\$157,960.00
Total		\$00	\$157,960.00	\$00	\$157,960.00

### Previous Expenditures (All previous quarters)

	72 A	72 B	72 C	72 D	72 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-309-AAEH - Earn and Learn Grants	11/20/2020 11/20/2020	\$157,960.00	Items Not Listed Above	Vocational Training
Total:					\$157,960.00

### Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*			Yes							
74	Non-Compliance Explanation										
	75 A		75 B		75 C		75 D		75 E		
	Project*		Expenditure Date Range*		Cost or Expenditure Amount*		Cost or Expenditure Category*		Category Description		Delete
Line 1	0				\$00						
Total:					\$00						

## Sub Screen: Award: 309-PFEH-0052-3184241

54	Sub-Recipient Organization (Awardee)*	YWCA OF THE QUAD CITIES-3184241YW	
55	Award Number*	309-PFEH-0052-3184241	
56	Award Payment Method*	Lump Sum Payment(s)	
57	Amount of Award *		\$199,000.00
58	Award Date *	11/19/2020	
59	Period of Performance Start Date *	11/20/2020	
60	Period of Performance End Date *	06/30/2021	
61	Primary Place of Performance Address Line 1 *	229 16th St	
62	Primary Place of Performance Address Line 2		
63	Primary Place of Performance Address Line 3		
64	Primary Place of Performance City Name *	Rock Island	
65	Primary Place of Performance State Code *	IL	
66	Primary Place of Performance Zip+4 *	61201-8607	
67	Primary Place of Performance Country Name *	United States	
68	Primary Place of Performance Country Code *	USA	
69	Primary Place of Performance Congressional District *		
70	Award Description *	Funding is supporting the creation and expansion of short-term learn and learn training programs resulting in industry-recognized credentials by providing grants for Expand opportunities for Iowans whose employment has been affected or eliminated because of the Coronavirus pandemic.	

### Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-309-AAEH - Earn and Learn Grants	\$00	\$199,000.00	\$00	\$199,000.00
Total		\$00	\$199,000.00	\$00	\$199,000.00

### Previous Expenditures (All previous quarters)

	72 A	72 B	72 C	72 D	72 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-309-AAEH - Earn and Learn Grants	11/20/2020 11/20/2020	\$199,000.00	Items Not Listed Above	Vocational Training
Total:					\$199,000.00

### Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*			Yes			
74	Non-Compliance Explanation						
	75 A	75 B		75 C	75 D	75 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:				\$00			

### Sub Screen: Award: 309-PFAV-0052-3184274

54	Sub-Recipient Organization (Awardee)*	GEHLPRO INDUSTRIES INC-3184274GE	
55	Award Number*	309-PFAV-0052-3184274	
56	Award Payment Method*	Lump Sum Payment(s)	
57	Amount of Award *		\$50,000.00
58	Award Date *	11/23/2020	
59	Period of Performance Start Date *	11/24/2020	
60	Period of Performance End Date *	06/30/2021	
61	Primary Place of Performance Address Line 1 *	1610 Burgess Ave	
62	Primary Place of Performance Address Line 2		
63	Primary Place of Performance Address Line 3		
64	Primary Place of Performance City Name *	Carroll	
65	Primary Place of Performance State Code *	IA	
66	Primary Place of Performance Zip+4 *	51401-3317	
67	Primary Place of Performance Country Name *	United States	
68	Primary Place of Performance Country Code *	USA	
69	Primary Place of Performance Congressional District *		
70	Award Description *	Funding is to increase the number of Registered Apprenticeship Training Programs in Iowa high schools, non-profits, small businesses, postsecondary institutions and in healthcare settings. Registered Apprenticeship programs provide Iowans with opportunities to learn and learn while obtaining nationally recognized credentials. These programs are registered through the United States Department of Labor.	

### Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-309-AAAV - Registered Apprenticeship Incentive Grant Program	\$00	\$50,000.00	\$00	\$50,000.00
Total		\$00	\$50,000.00	\$00	\$50,000.00

### Previous Expenditures (All previous quarters)

	72 A	72 B		72 C	72 D	72 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-309-AAAV - Registered Apprenticeship Incentive Grant Program	11/24/2020	11/24/2020	\$50,000.00	Items Not Listed Above	Vocational Training
Total:						\$50,000.00

### Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*		Yes			
74	Non-Compliance Explanation					
	75 A	75 B		75 C	75 D	75 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	0			\$00		
Total:						\$00

### Sub Screen: Award: 309-PFAV-0052-3184278

54	Sub-Recipient Organization (Awardee)*	MPIRE HEATING & COOLING-3184278MP	
55	Award Number*	309-PFAV-0052-3184278	
56	Award Payment Method*	Lump Sum Payment(s)	
57	Amount of Award *		\$50,000.00
58	Award Date *	11/23/2020	
59	Period of Performance Start Date *	11/24/2020	
60	Period of Performance End Date *	06/30/2021	
61	Primary Place of Performance Address Line 1 *	43755 C66	
62	Primary Place of Performance Address Line 2		
63	Primary Place of Performance Address Line 3		
64	Primary Place of Performance City Name *	Kingsley	
65	Primary Place of Performance State Code *	IA	
66	Primary Place of Performance Zip+4 *	51028-8600	
67	Primary Place of Performance Country Name *	United States	
68	Primary Place of Performance Country Code *	USA	
69	Primary Place of Performance Congressional District *		
70	Award Description *	Funding is to increase the number of Registered Apprenticeship Training Programs in Iowa high schools, non-profits, small businesses, postsecondary institutions and in healthcare settings. Registered Apprenticeship programs provide Iowans with opportunities to learn and learn while obtaining nationally recognized credentials. These programs are registered through the United States Department of Labor.	

### Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-309-AAAV - Registered Apprenticeship Incentive Grant Program	\$00	\$50,000.00	\$00	\$50,000.00
Total		\$00	\$50,000.00	\$00	\$50,000.00

### Previous Expenditures (All previous quarters)

	72 A	72 B		72 C	72 D	72 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-309-AAAV - Registered Apprenticeship Incentive Grant Program	11/24/2020	11/24/2020	\$50,000.00	Items Not Listed Above	Vocational Training
Total:						\$50,000.00

### Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*		Yes			
74	Non-Compliance Explanation					
	75 A	75 B		75 C	75 D	75 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	0			\$00		
Total:						\$00

## Sub Screen: Award: 269-0047-010D-3184335WO

54	Sub-Recipient Organization (Awardee)*	WORTH COUNTY FAIR SOCIETY-3184335WO
55	Award Number*	269-0047-010D-3184335WO
56	Award Payment Method*	Lump Sum Payment(s)
57	Amount of Award *	\$50,000.00
58	Award Date *	11/29/2020
59	Period of Performance Start Date *	12/01/2020
60	Period of Performance End Date *	12/01/2020
61	Primary Place of Performance Address Line 1 *	877 Highway 105
62	Primary Place of Performance Address Line 2	
63	Primary Place of Performance Address Line 3	
64	Primary Place of Performance City Name *	Northwood
65	Primary Place of Performance State Code *	IA
66	Primary Place of Performance Zip+4 *	50459-8761
67	Primary Place of Performance Country Name *	United States
68	Primary Place of Performance Country Code *	USA
69	Primary Place of Performance Congressional District *	1
70	Award Description *	To provide short-term cash flow assistance to continue operations, provide increased services and support throughout the COVID-19 pandemic.

### Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-269-0047 - Iowa County Fair Relief Program	\$00	\$50,000.00	\$00	\$50,000.00
Total		\$00	\$50,000.00	\$00	\$50,000.00

### Previous Expenditures (All previous quarters)

	72 A	72 B	72 C	72 D	72 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-269-0047 - Iowa County Fair Relief Program	12/01/2020 12/01/2020	\$50,000.00	Economic Support (Other than Small Business, Housing, and Food Assistance)	
Total:					\$50,000.00

### Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*			Yes			
74	Non-Compliance Explanation						
	75 A	75 B		75 C	75 D	75 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:				\$00			

## Sub Screen: Award: 269-0047-010D-3184336WO

54	Sub-Recipient Organization (Awardee)*	WOODBURY COUNTY FAIR-3184336WO
55	Award Number*	269-0047-010D-3184336WO
56	Award Payment Method*	Lump Sum Payment(s)
57	Amount of Award *	\$75,000.00
58	Award Date *	11/29/2020
59	Period of Performance Start Date *	12/01/2020
60	Period of Performance End Date *	12/01/2020
61	Primary Place of Performance Address Line 1 *	PO BOX 369
62	Primary Place of Performance Address Line 2	
63	Primary Place of Performance Address Line 3	
64	Primary Place of Performance City Name *	Moville
65	Primary Place of Performance State Code *	IA
66	Primary Place of Performance Zip+4 *	51039-0369
67	Primary Place of Performance Country Name *	United States
68	Primary Place of Performance Country Code *	USA
69	Primary Place of Performance Congressional District *	4
70	Award Description *	To provide short-term cash flow assistance to continue operations, provide increased services and support throughout the COVID-19 pandemic.

### Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-269-0047 - Iowa County Fair Relief Program	\$00	\$75,000.00	\$00	\$75,000.00
Total		\$00	\$75,000.00	\$00	\$75,000.00

### Previous Expenditures (All previous quarters)

	72 A	72 B	72 C	72 D	72 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-269-0047 - Iowa County Fair Relief Program	12/01/2020 12/01/2020	\$75,000.00	Economic Support (Other than Small Business, Housing, and Food Assistance)	
Total:					\$75,000.00

### Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*			Yes			
74	Non-Compliance Explanation						
	75 A	75 B		75 C	75 D	75 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:				\$00			

## Sub Screen: Award: 269-0047-010D-3184337WI

54	Sub-Recipient Organization (Awardee)*	WINNESHIEK COUNTY AGRICULTURAL ASSN-3184337WI
55	Award Number*	269-0047-010D-3184337WI
56	Award Payment Method*	Lump Sum Payment(s)
57	Amount of Award *	\$75,000.00
58	Award Date *	11/29/2020
59	Period of Performance Start Date *	12/01/2020
60	Period of Performance End Date *	12/01/2020
61	Primary Place of Performance Address Line 1 *	PO BOX 201
62	Primary Place of Performance Address Line 2	
63	Primary Place of Performance Address Line 3	
64	Primary Place of Performance City Name *	Decorah
65	Primary Place of Performance State Code *	IA
66	Primary Place of Performance Zip+4 *	52101-0201
67	Primary Place of Performance Country Name *	United States
68	Primary Place of Performance Country Code *	USA
69	Primary Place of Performance Congressional District *	1
70	Award Description *	To provide short-term cash flow assistance to continue operations, provide increased services and support throughout the COVID-19 pandemic.

### Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-269-0047 - Iowa County Fair Relief Program	\$00	\$75,000.00	\$00	\$75,000.00
Total		\$00	\$75,000.00	\$00	\$75,000.00

### Previous Expenditures (All previous quarters)

	72 A	72 B	72 C	72 D	72 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-269-0047 - Iowa County Fair Relief Program	12/01/2020 12/01/2020	\$75,000.00	Economic Support (Other than Small Business, Housing, and Food Assistance)	
Total:					\$75,000.00

### Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*			Yes							
74	Non-Compliance Explanation										
	75 A		75 B		75 C		75 D		75 E		
	Project*		Expenditure Date Range*		Cost or Expenditure Amount*		Cost or Expenditure Category*		Category Description		Delete
Line 1	0				\$00						
Total:					\$00						



## Sub Screen: Award: 269-0047-010D-3184341WA

54	Sub-Recipient Organization (Awardee)*	WARREN COUNTY AGRICULTURAL ASSOCIATION-3184341WA
55	Award Number*	269-0047-010D-3184341WA
56	Award Payment Method*	Lump Sum Payment(s)
57	Amount of Award *	\$75,000.00
58	Award Date *	11/29/2020
59	Period of Performance Start Date *	12/01/2020
60	Period of Performance End Date *	12/01/2020
61	Primary Place of Performance Address Line 1 *	701 W 2nd Ave
62	Primary Place of Performance Address Line 2	
63	Primary Place of Performance Address Line 3	
64	Primary Place of Performance City Name *	Indianola
65	Primary Place of Performance State Code *	IA
66	Primary Place of Performance Zip+4 *	50125-2347
67	Primary Place of Performance Country Name *	United States
68	Primary Place of Performance Country Code *	USA
69	Primary Place of Performance Congressional District *	3
70	Award Description *	To provide short-term cash flow assistance to continue operations, provide increased services and support throughout the COVID-19 pandemic.

### Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-269-0047 - Iowa County Fair Relief Program	\$00	\$75,000.00	\$00	\$75,000.00
Total		\$00	\$75,000.00	\$00	\$75,000.00

### Previous Expenditures (All previous quarters)

	72 A	72 B	72 C	72 D	72 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-269-0047 - Iowa County Fair Relief Program	12/01/2020 12/01/2020	\$75,000.00	Economic Support (Other than Small Business, Housing, and Food Assistance)	
Total:					\$75,000.00

### Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*			Yes							
74	Non-Compliance Explanation										
	75 A		75 B		75 C		75 D		75 E		
	Project*		Expenditure Date Range*		Cost or Expenditure Amount*		Cost or Expenditure Category*		Category Description		Delete
Line 1	0				\$00						
Total:					\$00						

## Sub Screen: Award: 269-0047-010D-3184344AL

54	Sub-Recipient Organization (Awardee)*	ALLAMAKEE COUNTY AGRICULTURAL SOCIETY-3184344AL
55	Award Number*	269-0047-010D-3184344AL
56	Award Payment Method*	Lump Sum Payment(s)
57	Amount of Award *	\$75,000.00
58	Award Date *	11/29/2020
59	Period of Performance Start Date *	12/01/2020
60	Period of Performance End Date *	12/01/2020
61	Primary Place of Performance Address Line 1 *	PO BOX 208
62	Primary Place of Performance Address Line 2	
63	Primary Place of Performance Address Line 3	
64	Primary Place of Performance City Name *	Waukon
65	Primary Place of Performance State Code *	IA
66	Primary Place of Performance Zip+4 *	52172-0208
67	Primary Place of Performance Country Name *	United States
68	Primary Place of Performance Country Code *	USA
69	Primary Place of Performance Congressional District *	1
70	Award Description *	To provide short-term cash flow assistance to continue operations, provide increased services and support throughout the COVID-19 pandemic.

### Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-269-0047 - Iowa County Fair Relief Program	\$00	\$75,000.00	\$00	\$75,000.00
Total		\$00	\$75,000.00	\$00	\$75,000.00

### Previous Expenditures (All previous quarters)

	72 A	72 B	72 C	72 D	72 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-269-0047 - Iowa County Fair Relief Program	12/01/2020 12/01/2020	\$75,000.00	Economic Support (Other than Small Business, Housing, and Food Assistance)	
Total:					\$75,000.00

### Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*			Yes			
74	Non-Compliance Explanation						
	75 A	75 B		75 C	75 D	75 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:				\$00			

## Sub Screen: Award: 269-0047-010D-3184352AP

54	Sub-Recipient Organization (Awardee)*	APPANOOSE COUNTY FAIR ASSOCIATION-3184352AP	
55	Award Number*	269-0047-010D-3184352AP	
56	Award Payment Method*	Lump Sum Payment(s)	
57	Amount of Award *		\$50,000.00
58	Award Date *	11/29/2020	
59	Period of Performance Start Date *	12/01/2020	
60	Period of Performance End Date *	12/01/2020	
61	Primary Place of Performance Address Line 1 *	20979 115th Ave	
62	Primary Place of Performance Address Line 2		
63	Primary Place of Performance Address Line 3		
64	Primary Place of Performance City Name *	Plano	
65	Primary Place of Performance State Code *	IA	
66	Primary Place of Performance Zip+4 *	52581-8541	
67	Primary Place of Performance Country Name *	United States	
68	Primary Place of Performance Country Code *	USA	
69	Primary Place of Performance Congressional District *	2	
70	Award Description *	To provide short-term cash flow assistance to continue operations, provide increased services and support throughout the COVID-19 pandemic.	

### Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-269-0047 - Iowa County Fair Relief Program	\$00	\$50,000.00	\$00	\$50,000.00
Total		\$00	\$50,000.00	\$00	\$50,000.00

### Previous Expenditures (All previous quarters)

	72 A	72 B		72 C	72 D	72 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-269-0047 - Iowa County Fair Relief Program	12/01/2020	12/01/2020	\$50,000.00	Economic Support (Other than Small Business, Housing, and Food Assistance)	
Total:						\$50,000.00

### Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*			Yes						
74	Non-Compliance Explanation									
	75 A		75 B		75 C		75 D	75 E		
	Project*		Expenditure Date Range*		Cost or Expenditure Amount*		Cost or Expenditure Category*		Category Description	Delete
Line 1	0				\$00					
Total:					\$00					

## Sub Screen: Award: 269-0047-010D-3184353AU

54	Sub-Recipient Organization (Awardee)*	AUDUBON COUNTY AGRICULTURAL SOCIETY-3184353AU
55	Award Number*	269-0047-010D-3184353AU
56	Award Payment Method*	Lump Sum Payment(s)
57	Amount of Award *	\$50,000.00
58	Award Date *	11/29/2020
59	Period of Performance Start Date *	12/01/2020
60	Period of Performance End Date *	12/01/2020
61	Primary Place of Performance Address Line 1 *	1166 Eagle Ave
62	Primary Place of Performance Address Line 2	
63	Primary Place of Performance Address Line 3	
64	Primary Place of Performance City Name *	Manning
65	Primary Place of Performance State Code *	IA
66	Primary Place of Performance Zip+4 *	51455-7527
67	Primary Place of Performance Country Name *	United States
68	Primary Place of Performance Country Code *	USA
69	Primary Place of Performance Congressional District *	4
70	Award Description *	To provide short-term cash flow assistance to continue operations, provide increased services and support throughout the COVID-19 pandemic.

### Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-269-0047 - Iowa County Fair Relief Program	\$00	\$50,000.00	\$00	\$50,000.00
Total		\$00	\$50,000.00	\$00	\$50,000.00

### Previous Expenditures (All previous quarters)

	72 A	72 B	72 C	72 D	72 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-269-0047 - Iowa County Fair Relief Program	12/01/2020 12/01/2020	\$50,000.00	Economic Support (Other than Small Business, Housing, and Food Assistance)	
Total:					\$50,000.00

### Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*			Yes							
74	Non-Compliance Explanation										
	75 A		75 B		75 C		75 D		75 E		
	Project*		Expenditure Date Range*		Cost or Expenditure Amount*		Cost or Expenditure Category*		Category Description		Delete
Line 1	0				\$00						
Total:					\$00						

## Sub Screen: Award: 269-0047-010D-3184355BU

54	Sub-Recipient Organization (Awardee)*	BUCHANAN COUNTY FAIR ASSOCIATION-3184355BU	
55	Award Number*	269-0047-010D-3184355BU	
56	Award Payment Method*	Lump Sum Payment(s)	
57	Amount of Award *		\$75,000.00
58	Award Date *	11/29/2020	
59	Period of Performance Start Date *	12/01/2020	
60	Period of Performance End Date *	12/01/2020	
61	Primary Place of Performance Address Line 1 *	PO BOX 258	
62	Primary Place of Performance Address Line 2		
63	Primary Place of Performance Address Line 3		
64	Primary Place of Performance City Name *	Independence	
65	Primary Place of Performance State Code *	IA	
66	Primary Place of Performance Zip+4 *	50644-0258	
67	Primary Place of Performance Country Name *	United States	
68	Primary Place of Performance Country Code *	USA	
69	Primary Place of Performance Congressional District *	1	
70	Award Description *	To provide short-term cash flow assistance to continue operations, provide increased services and support throughout the COVID-19 pandemic.	

### Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-269-0047 - Iowa County Fair Relief Program	\$00	\$75,000.00	\$00	\$75,000.00
Total		\$00	\$75,000.00	\$00	\$75,000.00

### Previous Expenditures (All previous quarters)

	72 A	72 B		72 C	72 D	72 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-269-0047 - Iowa County Fair Relief Program	12/01/2020	12/01/2020	\$75,000.00	Economic Support (Other than Small Business, Housing, and Food Assistance)	
Total:						\$75,000.00

### Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*		Yes			
74	Non-Compliance Explanation					
	75 A	75 B		75 C	75 D	75 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	0			\$00		
Total:						\$00

## Sub Screen: Award: 269-0047-010D-3184357BU

54	Sub-Recipient Organization (Awardee)*	BUENA VISTA COUNTY AGRICULTURAL SOCIETY-3184357BU	
55	Award Number*	269-0047-010D-3184357BU	
56	Award Payment Method*	Lump Sum Payment(s)	
57	Amount of Award *		\$50,000.00
58	Award Date *	11/29/2020	
59	Period of Performance Start Date *	12/01/2020	
60	Period of Performance End Date *	12/01/2020	
61	Primary Place of Performance Address Line 1 *	PO BOX 125	
62	Primary Place of Performance Address Line 2		
63	Primary Place of Performance Address Line 3		
64	Primary Place of Performance City Name *	Alta	
65	Primary Place of Performance State Code *	IA	
66	Primary Place of Performance Zip+4 *	51002-0125	
67	Primary Place of Performance Country Name *	United States	
68	Primary Place of Performance Country Code *	USA	
69	Primary Place of Performance Congressional District *		
70	Award Description *	To provide short-term cash flow assistance to continue operations, provide increased services and support throughout the COVID-19 pandemic.	

### Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-269-0047 - Iowa County Fair Relief Program	\$00	\$50,000.00	\$00	\$50,000.00
Total		\$00	\$50,000.00	\$00	\$50,000.00

### Previous Expenditures (All previous quarters)

	72 A	72 B		72 C	72 D	72 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-269-0047 - Iowa County Fair Relief Program	12/01/2020	12/01/2020	\$50,000.00	Economic Support (Other than Small Business, Housing, and Food Assistance)	
Total:						\$50,000.00

### Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*		Yes			
74	Non-Compliance Explanation					
	75 A	75 B		75 C	75 D	75 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	0			\$00		
Total:						\$00

## Sub Screen: Award: 269-0047-010D-3184359WA

54	Sub-Recipient Organization (Awardee)*	WAPELLO COUNTY FAIR INC-3184359WA
55	Award Number*	269-0047-010D-3184359WA
56	Award Payment Method*	Lump Sum Payment(s)
57	Amount of Award *	\$50,000.00
58	Award Date *	11/29/2020
59	Period of Performance Start Date *	12/01/2020
60	Period of Performance End Date *	12/01/2020
61	Primary Place of Performance Address Line 1 *	PO BOX 464
62	Primary Place of Performance Address Line 2	
63	Primary Place of Performance Address Line 3	
64	Primary Place of Performance City Name *	Eldon
65	Primary Place of Performance State Code *	IA
66	Primary Place of Performance Zip+4 *	52554-0464
67	Primary Place of Performance Country Name *	United States
68	Primary Place of Performance Country Code *	USA
69	Primary Place of Performance Congressional District *	2
70	Award Description *	To provide short-term cash flow assistance to continue operations, provide increased services and support throughout the COVID-19 pandemic.

### Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-269-0047 - Iowa County Fair Relief Program	\$00	\$50,000.00	\$00	\$50,000.00
Total		\$00	\$50,000.00	\$00	\$50,000.00

### Previous Expenditures (All previous quarters)

	72 A	72 B	72 C	72 D	72 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-269-0047 - Iowa County Fair Relief Program	12/01/2020 12/01/2020	\$50,000.00	Economic Support (Other than Small Business, Housing, and Food Assistance)	
Total:					\$50,000.00

### Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*			Yes			
74	Non-Compliance Explanation						
	75 A	75 B		75 C	75 D	75 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:				\$00			

## Sub Screen: Award: 269-0047-010D-3184365CA

54	Sub-Recipient Organization (Awardee)*	CARROLL COUNTY FAIR ASSOCIATION-3184365CA
55	Award Number*	269-0047-010D-3184365CA
56	Award Payment Method*	Lump Sum Payment(s)
57	Amount of Award *	\$50,000.00
58	Award Date *	11/29/2020
59	Period of Performance Start Date *	12/01/2020
60	Period of Performance End Date *	12/01/2020
61	Primary Place of Performance Address Line 1 *	PO BOX 235
62	Primary Place of Performance Address Line 2	
63	Primary Place of Performance Address Line 3	
64	Primary Place of Performance City Name *	Coon Rapids
65	Primary Place of Performance State Code *	IA
66	Primary Place of Performance Zip+4 *	50058-0235
67	Primary Place of Performance Country Name *	United States
68	Primary Place of Performance Country Code *	USA
69	Primary Place of Performance Congressional District *	4
70	Award Description *	To provide short-term cash flow assistance to continue operations, provide increased services and support throughout the COVID-19 pandemic.

### Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-269-0047 - Iowa County Fair Relief Program	\$00	\$50,000.00	\$00	\$50,000.00
Total		\$00	\$50,000.00	\$00	\$50,000.00

### Previous Expenditures (All previous quarters)

	72 A	72 B	72 C	72 D	72 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-269-0047 - Iowa County Fair Relief Program	12/01/2020 12/01/2020	\$50,000.00	Economic Support (Other than Small Business, Housing, and Food Assistance)	
Total:					\$50,000.00

### Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*			Yes			
74	Non-Compliance Explanation						
	75 A	75 B		75 C	75 D	75 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:				\$00			



## Sub Screen: Award: 269-0047-010D-3184366CA

54	Sub-Recipient Organization (Awardee)*	CASS COUNTY FAIR ASSOCIATION-3184366CA
55	Award Number*	269-0047-010D-3184366CA
56	Award Payment Method*	Lump Sum Payment(s)
57	Amount of Award *	\$50,000.00
58	Award Date *	11/29/2020
59	Period of Performance Start Date *	12/01/2020
60	Period of Performance End Date *	12/01/2020
61	Primary Place of Performance Address Line 1 *	805 W 10th St
62	Primary Place of Performance Address Line 2	
63	Primary Place of Performance Address Line 3	
64	Primary Place of Performance City Name *	Atlantic
65	Primary Place of Performance State Code *	IA
66	Primary Place of Performance Zip+4 *	50022-2030
67	Primary Place of Performance Country Name *	United States
68	Primary Place of Performance Country Code *	USA
69	Primary Place of Performance Congressional District *	3
70	Award Description *	To provide short-term cash flow assistance to continue operations, provide increased services and support throughout the COVID-19 pandemic.

### Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-269-0047 - Iowa County Fair Relief Program	\$00	\$50,000.00	\$00	\$50,000.00
Total		\$00	\$50,000.00	\$00	\$50,000.00

### Previous Expenditures (All previous quarters)

	72 A	72 B	72 C	72 D	72 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-269-0047 - Iowa County Fair Relief Program	12/01/2020 12/01/2020	\$50,000.00	Economic Support (Other than Small Business, Housing, and Food Assistance)	
Total:					\$50,000.00

### Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*			Yes		
74	Non-Compliance Explanation					
	75 A	75 B	75 C	75 D	75 E	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00		
Total:			\$00			

## Sub Screen: Award: 269-0047-010D-3184367TA

54	Sub-Recipient Organization (Awardee)*	TAYLOR COUNTY FAIR ASSOCIATION-3184367TA
55	Award Number*	269-0047-010D-3184367TA
56	Award Payment Method*	Lump Sum Payment(s)
57	Amount of Award *	\$50,000.00
58	Award Date *	11/29/2020
59	Period of Performance Start Date *	12/01/2020
60	Period of Performance End Date *	12/01/2020
61	Primary Place of Performance Address Line 1 *	PO BOX 181
62	Primary Place of Performance Address Line 2	
63	Primary Place of Performance Address Line 3	
64	Primary Place of Performance City Name *	Bedford
65	Primary Place of Performance State Code *	IA
66	Primary Place of Performance Zip+4 *	50833-0181
67	Primary Place of Performance Country Name *	United States
68	Primary Place of Performance Country Code *	USA
69	Primary Place of Performance Congressional District *	3
70	Award Description *	To provide short-term cash flow assistance to continue operations, provide increased services and support throughout the COVID-19 pandemic.

### Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-269-0047 - Iowa County Fair Relief Program	\$00	\$50,000.00	\$00	\$50,000.00
Total		\$00	\$50,000.00	\$00	\$50,000.00

### Previous Expenditures (All previous quarters)

	72 A	72 B	72 C	72 D	72 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-269-0047 - Iowa County Fair Relief Program	12/01/2020 12/01/2020	\$50,000.00	Economic Support (Other than Small Business, Housing, and Food Assistance)	
Total:					\$50,000.00

### Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*			Yes							
74	Non-Compliance Explanation										
	75 A		75 B		75 C		75 D		75 E		
	Project*		Expenditure Date Range*		Cost or Expenditure Amount*		Cost or Expenditure Category*		Category Description		Delete
Line 1	0				\$00						
Total:					\$00						

## Sub Screen: Award: 269-0047-010D-3184368CE

54	Sub-Recipient Organization (Awardee)*	CENTRAL IOWA FAIR ASSOCIATION-3184368CE	
55	Award Number*	269-0047-010D-3184368CE	
56	Award Payment Method*	Lump Sum Payment(s)	
57	Amount of Award *		\$75,000.00
58	Award Date *	11/29/2020	
59	Period of Performance Start Date *	12/01/2020	
60	Period of Performance End Date *	12/01/2020	
61	Primary Place of Performance Address Line 1 *	1308 E Olive St	
62	Primary Place of Performance Address Line 2		
63	Primary Place of Performance Address Line 3		
64	Primary Place of Performance City Name *	Marshalltown	
65	Primary Place of Performance State Code *	IA	
66	Primary Place of Performance Zip+4 *	50158-8849	
67	Primary Place of Performance Country Name *	United States	
68	Primary Place of Performance Country Code *	USA	
69	Primary Place of Performance Congressional District *	1	
70	Award Description *	To provide short-term cash flow assistance to continue operations, provide increased services and support throughout the COVID-19 pandemic.	

### Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-269-0047 - Iowa County Fair Relief Program	\$00	\$75,000.00	\$00	\$75,000.00
Total		\$00	\$75,000.00	\$00	\$75,000.00

### Previous Expenditures (All previous quarters)

	72 A	72 B		72 C	72 D	72 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-269-0047 - Iowa County Fair Relief Program	12/01/2020	12/01/2020	\$75,000.00	Economic Support (Other than Small Business, Housing, and Food Assistance)	
Total:						\$75,000.00

### Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*		Yes			
74	Non-Compliance Explanation					
	75 A	75 B		75 C	75 D	75 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	0			\$00		
Total:						\$00

## Sub Screen: Award: 269-0047-010D-3184369TA

54	Sub-Recipient Organization (Awardee)*	TAMA COUNTY LIVESTOCK AND FAIR ASSN-3184369TA
55	Award Number*	269-0047-010D-3184369TA
56	Award Payment Method*	Lump Sum Payment(s)
57	Amount of Award *	\$50,000.00
58	Award Date *	11/29/2020
59	Period of Performance Start Date *	12/01/2020
60	Period of Performance End Date *	12/01/2020
61	Primary Place of Performance Address Line 1 *	PO BOX 243
62	Primary Place of Performance Address Line 2	
63	Primary Place of Performance Address Line 3	
64	Primary Place of Performance City Name *	Toledo
65	Primary Place of Performance State Code *	IA
66	Primary Place of Performance Zip+4 *	52342-0243
67	Primary Place of Performance Country Name *	United States
68	Primary Place of Performance Country Code *	USA
69	Primary Place of Performance Congressional District *	1
70	Award Description *	To provide short-term cash flow assistance to continue operations, provide increased services and support throughout the COVID-19 pandemic.

### Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-269-0047 - Iowa County Fair Relief Program	\$00	\$50,000.00	\$00	\$50,000.00
Total		\$00	\$50,000.00	\$00	\$50,000.00

### Previous Expenditures (All previous quarters)

	72 A	72 B	72 C	72 D	72 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-269-0047 - Iowa County Fair Relief Program	12/01/2020 12/01/2020	\$50,000.00	Economic Support (Other than Small Business, Housing, and Food Assistance)	
Total:					\$50,000.00

### Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*			Yes							
74	Non-Compliance Explanation										
	75 A		75 B		75 C		75 D		75 E		
	Project*		Expenditure Date Range*		Cost or Expenditure Amount*		Cost or Expenditure Category*		Category Description		Delete
Line 1	0				\$00						
Total:					\$00						

## Sub Screen: Award: 269-0047-010D-3184370ST

54	Sub-Recipient Organization (Awardee)*	STORY COUNTY 4H FAIR ASSOCIATION-3184370ST
55	Award Number*	269-0047-010D-3184370ST
56	Award Payment Method*	Lump Sum Payment(s)
57	Amount of Award *	\$50,000.00
58	Award Date *	11/29/2020
59	Period of Performance Start Date *	12/01/2020
60	Period of Performance End Date *	12/01/2020
61	Primary Place of Performance Address Line 1 *	PO BOX 163
62	Primary Place of Performance Address Line 2	
63	Primary Place of Performance Address Line 3	
64	Primary Place of Performance City Name *	Nevada
65	Primary Place of Performance State Code *	IA
66	Primary Place of Performance Zip+4 *	50201-0163
67	Primary Place of Performance Country Name *	United States
68	Primary Place of Performance Country Code *	USA
69	Primary Place of Performance Congressional District *	4
70	Award Description *	To provide short-term cash flow assistance to continue operations, provide increased services and support throughout the COVID-19 pandemic.

### Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-269-0047 - Iowa County Fair Relief Program	\$00	\$50,000.00	\$00	\$50,000.00
Total		\$00	\$50,000.00	\$00	\$50,000.00

### Previous Expenditures (All previous quarters)

	72 A	72 B	72 C	72 D	72 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-269-0047 - Iowa County Fair Relief Program	12/01/2020 12/01/2020	\$50,000.00	Economic Support (Other than Small Business, Housing, and Food Assistance)	
Total:					\$50,000.00

### Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*			Yes			
74	Non-Compliance Explanation						
	75 A	75 B		75 C	75 D	75 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:				\$00			

## Sub Screen: Award: 269-0047-010D-3184371BI

54	Sub-Recipient Organization (Awardee)*	BIG FOUR FAIR ASSOCIATION-3184371BI
55	Award Number*	269-0047-010D-3184371BI
56	Award Payment Method*	Lump Sum Payment(s)
57	Amount of Award *	\$50,000.00
58	Award Date *	11/29/2020
59	Period of Performance Start Date *	12/01/2020
60	Period of Performance End Date *	12/01/2020
61	Primary Place of Performance Address Line 1 *	109 Ford St
62	Primary Place of Performance Address Line 2	
63	Primary Place of Performance Address Line 3	
64	Primary Place of Performance City Name *	Nashua
65	Primary Place of Performance State Code *	IA
66	Primary Place of Performance Zip+4 *	50658-9238
67	Primary Place of Performance Country Name *	United States
68	Primary Place of Performance Country Code *	USA
69	Primary Place of Performance Congressional District *	4
70	Award Description *	To provide short-term cash flow assistance to continue operations, provide increased services and support throughout the COVID-19 pandemic.

### Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-269-0047 - Iowa County Fair Relief Program	\$00	\$50,000.00	\$00	\$50,000.00
Total		\$00	\$50,000.00	\$00	\$50,000.00

### Previous Expenditures (All previous quarters)

	72 A	72 B	72 C	72 D	72 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-269-0047 - Iowa County Fair Relief Program	12/01/2020 12/01/2020	\$50,000.00	Economic Support (Other than Small Business, Housing, and Food Assistance)	
Total:					\$50,000.00

### Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*			Yes							
74	Non-Compliance Explanation										
	75 A		75 B		75 C		75 D		75 E		
	Project*		Expenditure Date Range*		Cost or Expenditure Amount*		Cost or Expenditure Category*		Category Description		Delete
Line 1	0				\$00						
Total:					\$00						

## Sub Screen: Award: 269-0047-010D-3184373CL

54	Sub-Recipient Organization (Awardee)*	CLARKE COUNTY 4-H FAIR ASSOCIATION INC-3184373CL
55	Award Number*	269-0047-010D-3184373CL
56	Award Payment Method*	Lump Sum Payment(s)
57	Amount of Award *	\$50,000.00
58	Award Date *	11/29/2020
59	Period of Performance Start Date *	12/01/2020
60	Period of Performance End Date *	12/01/2020
61	Primary Place of Performance Address Line 1 *	PO BOX 39
62	Primary Place of Performance Address Line 2	
63	Primary Place of Performance Address Line 3	
64	Primary Place of Performance City Name *	Osceola
65	Primary Place of Performance State Code *	IA
66	Primary Place of Performance Zip+4 *	50213-0039
67	Primary Place of Performance Country Name *	United States
68	Primary Place of Performance Country Code *	USA
69	Primary Place of Performance Congressional District *	2
70	Award Description *	To provide short-term cash flow assistance to continue operations, provide increased services and support throughout the COVID-19 pandemic.

### Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-269-0047 - Iowa County Fair Relief Program	\$00	\$50,000.00	\$00	\$50,000.00
Total		\$00	\$50,000.00	\$00	\$50,000.00

### Previous Expenditures (All previous quarters)

	72 A	72 B	72 C	72 D	72 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-269-0047 - Iowa County Fair Relief Program	12/01/2020 12/01/2020	\$50,000.00	Economic Support (Other than Small Business, Housing, and Food Assistance)	
Total:					\$50,000.00

### Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*			Yes							
74	Non-Compliance Explanation										
	75 A		75 B		75 C		75 D		75 E		
	Project*		Expenditure Date Range*		Cost or Expenditure Amount*		Cost or Expenditure Category*		Category Description		Delete
Line 1	0				\$00						
Total:					\$00						

## Sub Screen: Award: 269-0047-010D-3184374SO

54	Sub-Recipient Organization (Awardee)*	SOUTHERN IOWA FAIR AND EXPOSITION-3184374SO
55	Award Number*	269-0047-010D-3184374SO
56	Award Payment Method*	Lump Sum Payment(s)
57	Amount of Award *	\$50,000.00
58	Award Date *	11/29/2020
59	Period of Performance Start Date *	12/01/2020
60	Period of Performance End Date *	12/01/2020
61	Primary Place of Performance Address Line 1 *	615 N I St
62	Primary Place of Performance Address Line 2	
63	Primary Place of Performance Address Line 3	
64	Primary Place of Performance City Name *	Oskaloosa
65	Primary Place of Performance State Code *	IA
66	Primary Place of Performance Zip+4 *	52577-1600
67	Primary Place of Performance Country Name *	United States
68	Primary Place of Performance Country Code *	USA
69	Primary Place of Performance Congressional District *	2
70	Award Description *	To provide short-term cash flow assistance to continue operations, provide increased services and support throughout the COVID-19 pandemic.

### Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-269-0047 - Iowa County Fair Relief Program	\$00	\$50,000.00	\$00	\$50,000.00
Total		\$00	\$50,000.00	\$00	\$50,000.00

### Previous Expenditures (All previous quarters)

	72 A	72 B	72 C	72 D	72 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-269-0047 - Iowa County Fair Relief Program	12/01/2020 12/01/2020	\$50,000.00	Economic Support (Other than Small Business, Housing, and Food Assistance)	
Total:					\$50,000.00

### Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*			Yes							
74	Non-Compliance Explanation										
	75 A		75 B		75 C		75 D		75 E		
	Project*		Expenditure Date Range*		Cost or Expenditure Amount*		Cost or Expenditure Category*		Category Description		Delete
Line 1	0				\$00						
Total:					\$00						



## Sub Screen: Award: 269-0047-010D-3184375CL

54	Sub-Recipient Organization (Awardee)*	CLAYTON COUNTY AGRICULTURAL SOCIETY-3184375CL
55	Award Number*	269-0047-010D-3184375CL
56	Award Payment Method*	Lump Sum Payment(s)
57	Amount of Award *	\$50,000.00
58	Award Date *	11/29/2020
59	Period of Performance Start Date *	12/01/2020
60	Period of Performance End Date *	12/01/2020
61	Primary Place of Performance Address Line 1 *	26143 Ivory Rd
62	Primary Place of Performance Address Line 2	
63	Primary Place of Performance Address Line 3	
64	Primary Place of Performance City Name *	Garnavillo
65	Primary Place of Performance State Code *	IA
66	Primary Place of Performance Zip+4 *	52049-8041
67	Primary Place of Performance Country Name *	United States
68	Primary Place of Performance Country Code *	USA
69	Primary Place of Performance Congressional District *	1
70	Award Description *	To provide short-term cash flow assistance to continue operations, provide increased services and support throughout the COVID-19 pandemic.

### Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-269-0047 - Iowa County Fair Relief Program	\$00	\$50,000.00	\$00	\$50,000.00
Total		\$00	\$50,000.00	\$00	\$50,000.00

### Previous Expenditures (All previous quarters)

	72 A	72 B	72 C	72 D	72 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-269-0047 - Iowa County Fair Relief Program	12/01/2020 12/01/2020	\$50,000.00	Economic Support (Other than Small Business, Housing, and Food Assistance)	
Total:					\$50,000.00

### Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*			Yes							
74	Non-Compliance Explanation										
	75 A		75 B		75 C		75 D		75 E		
	Project*		Expenditure Date Range*		Cost or Expenditure Amount*		Cost or Expenditure Category*		Category Description		Delete
Line 1	0				\$00						
Total:					\$00						

## Sub Screen: Award: 269-0047-010D-3184376SI

54	Sub-Recipient Organization (Awardee)*	SIOUX COUNTY YOUTH FAIR ASSOCIATION-3184376SI	
55	Award Number*	269-0047-010D-3184376SI	
56	Award Payment Method*	Lump Sum Payment(s)	
57	Amount of Award *		\$50,000.00
58	Award Date *	11/29/2020	
59	Period of Performance Start Date *	12/01/2020	
60	Period of Performance End Date *	12/01/2020	
61	Primary Place of Performance Address Line 1 *	PO BOX 183	
62	Primary Place of Performance Address Line 2		
63	Primary Place of Performance Address Line 3		
64	Primary Place of Performance City Name *	Sioux Center	
65	Primary Place of Performance State Code *	IA	
66	Primary Place of Performance Zip+4 *	51250-0183	
67	Primary Place of Performance Country Name *	United States	
68	Primary Place of Performance Country Code *	USA	
69	Primary Place of Performance Congressional District *		
70	Award Description *	To provide short-term cash flow assistance to continue operations, provide increased services and support throughout the COVID-19 pandemic.	

### Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-269-0047 - Iowa County Fair Relief Program	\$00	\$50,000.00	\$00	\$50,000.00
Total		\$00	\$50,000.00	\$00	\$50,000.00

### Previous Expenditures (All previous quarters)

	72 A	72 B		72 C	72 D	72 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-269-0047 - Iowa County Fair Relief Program	12/01/2020	12/01/2020	\$50,000.00	Economic Support (Other than Small Business, Housing, and Food Assistance)	
Total:						\$50,000.00

### Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*		Yes			
74	Non-Compliance Explanation					
	75 A	75 B		75 C	75 D	75 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	0			\$00		
Total:						\$00

## Sub Screen: Award: 269-0047-010D-3184377CL

54	Sub-Recipient Organization (Awardee)*	CLINTON COUNTY AGRICULTURAL SOCIETY-3184377CL
55	Award Number*	269-0047-010D-3184377CL
56	Award Payment Method*	Lump Sum Payment(s)
57	Amount of Award *	\$75,000.00
58	Award Date *	11/29/2020
59	Period of Performance Start Date *	12/01/2020
60	Period of Performance End Date *	12/01/2020
61	Primary Place of Performance Address Line 1 *	328 E 8th St
62	Primary Place of Performance Address Line 2	
63	Primary Place of Performance Address Line 3	
64	Primary Place of Performance City Name *	De Witt
65	Primary Place of Performance State Code *	IA
66	Primary Place of Performance Zip+4 *	52742-1736
67	Primary Place of Performance Country Name *	United States
68	Primary Place of Performance Country Code *	USA
69	Primary Place of Performance Congressional District *	2
70	Award Description *	To provide short-term cash flow assistance to continue operations, provide increased services and support throughout the COVID-19 pandemic.

### Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-269-0047 - Iowa County Fair Relief Program	\$00	\$75,000.00	\$00	\$75,000.00
Total		\$00	\$75,000.00	\$00	\$75,000.00

### Previous Expenditures (All previous quarters)

	72 A	72 B	72 C	72 D	72 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-269-0047 - Iowa County Fair Relief Program	12/01/2020 12/01/2020	\$75,000.00	Economic Support (Other than Small Business, Housing, and Food Assistance)	
Total:					\$75,000.00

### Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*			Yes		
74	Non-Compliance Explanation					
	75 A	75 B	75 C	75 D	75 E	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00		
Total:			\$00			

## Sub Screen: Award: 269-0047-010D-3184378SH

54	Sub-Recipient Organization (Awardee)*	SHELBY COUNTY FAIR CORPORATION-3184378SH
55	Award Number*	269-0047-010D-3184378SH
56	Award Payment Method*	Lump Sum Payment(s)
57	Amount of Award *	\$50,000.00
58	Award Date *	11/29/2020
59	Period of Performance Start Date *	12/01/2020
60	Period of Performance End Date *	12/01/2020
61	Primary Place of Performance Address Line 1 *	PO BOX 528
62	Primary Place of Performance Address Line 2	
63	Primary Place of Performance Address Line 3	
64	Primary Place of Performance City Name *	Harlan
65	Primary Place of Performance State Code *	IA
66	Primary Place of Performance Zip+4 *	51537-0528
67	Primary Place of Performance Country Name *	United States
68	Primary Place of Performance Country Code *	USA
69	Primary Place of Performance Congressional District *	4
70	Award Description *	To provide short-term cash flow assistance to continue operations, provide increased services and support throughout the COVID-19 pandemic.

### Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-269-0047 - Iowa County Fair Relief Program	\$00	\$50,000.00	\$00	\$50,000.00
Total		\$00	\$50,000.00	\$00	\$50,000.00

### Previous Expenditures (All previous quarters)

	72 A	72 B	72 C	72 D	72 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-269-0047 - Iowa County Fair Relief Program	12/01/2020 12/01/2020	\$50,000.00	Economic Support (Other than Small Business, Housing, and Food Assistance)	
Total:					\$50,000.00

### Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*			Yes			
74	Non-Compliance Explanation						
	75 A	75 B		75 C	75 D	75 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:				\$00			

## Sub Screen: Award: 269-0047-010D-3184379DA

54	Sub-Recipient Organization (Awardee)*	DAVIS COUNTY AGRICULTURAL SOCIETY-3184379DA	
55	Award Number*	269-0047-010D-3184379DA	
56	Award Payment Method*	Lump Sum Payment(s)	
57	Amount of Award *		\$50,000.00
58	Award Date *	11/29/2020	
59	Period of Performance Start Date *	12/01/2020	
60	Period of Performance End Date *	12/01/2020	
61	Primary Place of Performance Address Line 1 *	PO BOX 23	
62	Primary Place of Performance Address Line 2		
63	Primary Place of Performance Address Line 3		
64	Primary Place of Performance City Name *	Bloomfield	
65	Primary Place of Performance State Code *	IA	
66	Primary Place of Performance Zip+4 *	52537-0023	
67	Primary Place of Performance Country Name *	United States	
68	Primary Place of Performance Country Code *	USA	
69	Primary Place of Performance Congressional District *	2	
70	Award Description *	To provide short-term cash flow assistance to continue operations, provide increased services and support throughout the COVID-19 pandemic.	

### Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-269-0047 - Iowa County Fair Relief Program	\$00	\$50,000.00	\$00	\$50,000.00
Total		\$00	\$50,000.00	\$00	\$50,000.00

### Previous Expenditures (All previous quarters)

	72 A	72 B		72 C	72 D	72 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-269-0047 - Iowa County Fair Relief Program	12/01/2020	12/01/2020	\$50,000.00	Economic Support (Other than Small Business, Housing, and Food Assistance)	
Total:						\$50,000.00

### Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*		Yes			
74	Non-Compliance Explanation					
	75 A	75 B		75 C	75 D	75 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	0			\$00		
Total:						\$00

## Sub Screen: Award: 269-0047-010D-3184380RI

54	Sub-Recipient Organization (Awardee)*	RINGGOLD COUNTY FAIR ASSOCIATION-3184380RI	
55	Award Number*	269-0047-010D-3184380RI	
56	Award Payment Method*	Lump Sum Payment(s)	
57	Amount of Award *		\$50,000.00
58	Award Date *	11/29/2020	
59	Period of Performance Start Date *	12/01/2020	
60	Period of Performance End Date *	12/01/2020	
61	Primary Place of Performance Address Line 1 *	PO BOX 335	
62	Primary Place of Performance Address Line 2		
63	Primary Place of Performance Address Line 3		
64	Primary Place of Performance City Name *	Mount Ayr	
65	Primary Place of Performance State Code *	IA	
66	Primary Place of Performance Zip+4 *	50854-0335	
67	Primary Place of Performance Country Name *	United States	
68	Primary Place of Performance Country Code *	USA	
69	Primary Place of Performance Congressional District *	3	
70	Award Description *	To provide short-term cash flow assistance to continue operations, provide increased services and support throughout the COVID-19 pandemic.	

### Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-269-0047 - Iowa County Fair Relief Program	\$00	\$50,000.00	\$00	\$50,000.00
Total		\$00	\$50,000.00	\$00	\$50,000.00

### Previous Expenditures (All previous quarters)

	72 A	72 B		72 C	72 D	72 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-269-0047 - Iowa County Fair Relief Program	12/01/2020	12/01/2020	\$50,000.00	Economic Support (Other than Small Business, Housing, and Food Assistance)	
Total:						\$50,000.00

### Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*		Yes			
74	Non-Compliance Explanation					
	75 A	75 B		75 C	75 D	75 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	0			\$00		
Total:						\$00

## Sub Screen: Award: 269-0047-010D-3184381DE

54	Sub-Recipient Organization (Awardee)*	DES MOINES COUNTY FAIR ASSOCIATION-3184381DE
55	Award Number*	269-0047-010D-3184381DE
56	Award Payment Method*	Lump Sum Payment(s)
57	Amount of Award *	\$50,000.00
58	Award Date *	11/29/2020
59	Period of Performance Start Date *	12/01/2020
60	Period of Performance End Date *	12/01/2020
61	Primary Place of Performance Address Line 1 *	13086 Pfeiff Rd
62	Primary Place of Performance Address Line 2	
63	Primary Place of Performance Address Line 3	
64	Primary Place of Performance City Name *	Burlington
65	Primary Place of Performance State Code *	IA
66	Primary Place of Performance Zip+4 *	52601-8773
67	Primary Place of Performance Country Name *	United States
68	Primary Place of Performance Country Code *	USA
69	Primary Place of Performance Congressional District *	2
70	Award Description *	To provide short-term cash flow assistance to continue operations, provide increased services and support throughout the COVID-19 pandemic.

### Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-269-0047 - Iowa County Fair Relief Program	\$00	\$50,000.00	\$00	\$50,000.00
Total		\$00	\$50,000.00	\$00	\$50,000.00

### Previous Expenditures (All previous quarters)

	72 A	72 B	72 C	72 D	72 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-269-0047 - Iowa County Fair Relief Program	12/01/2020 12/01/2020	\$50,000.00	Economic Support (Other than Small Business, Housing, and Food Assistance)	
Total:					\$50,000.00

### Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*			Yes							
74	Non-Compliance Explanation										
	75 A		75 B		75 C		75 D		75 E		
	Project*		Expenditure Date Range*		Cost or Expenditure Amount*		Cost or Expenditure Category*		Category Description		Delete
Line 1	0				\$00						
Total:					\$00						

## Sub Screen: Award: 269-0047-010D-3184382PO

54	Sub-Recipient Organization (Awardee)*	POWESHIEK COUNTY FAIR ASSOCIATION-3184382PO
55	Award Number*	269-0047-010D-3184382PO
56	Award Payment Method*	Lump Sum Payment(s)
57	Amount of Award *	\$50,000.00
58	Award Date *	11/29/2020
59	Period of Performance Start Date *	12/01/2020
60	Period of Performance End Date *	12/01/2020
61	Primary Place of Performance Address Line 1 *	PO BOX 372
62	Primary Place of Performance Address Line 2	
63	Primary Place of Performance Address Line 3	
64	Primary Place of Performance City Name *	Grinnell
65	Primary Place of Performance State Code *	IA
66	Primary Place of Performance Zip+4 *	50112-0372
67	Primary Place of Performance Country Name *	United States
68	Primary Place of Performance Country Code *	USA
69	Primary Place of Performance Congressional District *	1
70	Award Description *	To provide short-term cash flow assistance to continue operations, provide increased services and support throughout the COVID-19 pandemic.

### Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-269-0047 - Iowa County Fair Relief Program	\$00	\$50,000.00	\$00	\$50,000.00
Total		\$00	\$50,000.00	\$00	\$50,000.00

### Previous Expenditures (All previous quarters)

	72 A	72 B	72 C	72 D	72 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-269-0047 - Iowa County Fair Relief Program	12/01/2020 12/01/2020	\$50,000.00	Economic Support (Other than Small Business, Housing, and Food Assistance)	
Total:					\$50,000.00

### Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*			Yes			
74	Non-Compliance Explanation						
	75 A	75 B		75 C	75 D	75 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:				\$00			



## Sub Screen: Award: 269-0047-010D-3184383EM

54	Sub-Recipient Organization (Awardee)*	EMMET COUNTY AGRICULTURAL SHOW-3184383EM	
55	Award Number*	269-0047-010D-3184383EM	
56	Award Payment Method*	Lump Sum Payment(s)	
57	Amount of Award *		\$50,000.00
58	Award Date *	11/29/2020	
59	Period of Performance Start Date *	12/01/2020	
60	Period of Performance End Date *	12/01/2020	
61	Primary Place of Performance Address Line 1 *	1870 Highway 15	
62	Primary Place of Performance Address Line 2		
63	Primary Place of Performance Address Line 3		
64	Primary Place of Performance City Name *	Armstrong	
65	Primary Place of Performance State Code *	IA	
66	Primary Place of Performance Zip+4 *	50514-7517	
67	Primary Place of Performance Country Name *	United States	
68	Primary Place of Performance Country Code *	USA	
69	Primary Place of Performance Congressional District *	4	
70	Award Description *	To provide short-term cash flow assistance to continue operations, provide increased services and support throughout the COVID-19 pandemic.	

### Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-269-0047 - Iowa County Fair Relief Program	\$00	\$50,000.00	\$00	\$50,000.00
Total		\$00	\$50,000.00	\$00	\$50,000.00

### Previous Expenditures (All previous quarters)

	72 A	72 B		72 C	72 D	72 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-269-0047 - Iowa County Fair Relief Program	12/01/2020	12/01/2020	\$50,000.00	Economic Support (Other than Small Business, Housing, and Food Assistance)	
Total:						\$50,000.00

### Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*		Yes			
74	Non-Compliance Explanation					
	75 A	75 B		75 C	75 D	75 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	0			\$00		
Total:						\$00

## Sub Screen: Award: 269-0047-010D-3184388PL

54	Sub-Recipient Organization (Awardee)*	PLYMOUTH COUNTY 4H AND AG SOCIETY-3184388PL	
55	Award Number*	269-0047-010D-3184388PL	
56	Award Payment Method*	Lump Sum Payment(s)	
57	Amount of Award *		\$100,000.00
58	Award Date *	11/29/2020	
59	Period of Performance Start Date *	12/01/2020	
60	Period of Performance End Date *	12/04/2020	
61	Primary Place of Performance Address Line 1 *	30682 100th St	
62	Primary Place of Performance Address Line 2		
63	Primary Place of Performance Address Line 3		
64	Primary Place of Performance City Name *	Le Mars	
65	Primary Place of Performance State Code *	IA	
66	Primary Place of Performance Zip+4 *	51031-8716	
67	Primary Place of Performance Country Name *	United States	
68	Primary Place of Performance Country Code *	USA	
69	Primary Place of Performance Congressional District *		
70	Award Description *	To provide short-term cash flow assistance to continue operations, provide increased services and support throughout the COVID-19 pandemic.	

### Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-269-0047 - Iowa County Fair Relief Program	\$00	\$100,000.00	\$00	\$100,000.00
Total		\$00	\$100,000.00	\$00	\$100,000.00

### Previous Expenditures (All previous quarters)

	72 A	72 B		72 C	72 D	72 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-269-0047 - Iowa County Fair Relief Program	12/01/2020	12/04/2020	\$100,000.00	Economic Support (Other than Small Business, Housing, and Food Assistance)	
Total:						\$100,000.00

### Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*		Yes			
74	Non-Compliance Explanation					
	75 A	75 B		75 C	75 D	75 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	0			\$00		
Total:						\$00

## Sub Screen: Award: 269-0047-010D-3184389PA

54	Sub-Recipient Organization (Awardee)*	PALO ALTO FAIR ASSOCIATION-3184389PA	
55	Award Number*	269-0047-010D-3184389PA	
56	Award Payment Method*	Lump Sum Payment(s)	
57	Amount of Award *		\$50,000.00
58	Award Date *	11/29/2020	
59	Period of Performance Start Date *	12/01/2020	
60	Period of Performance End Date *	12/01/2020	
61	Primary Place of Performance Address Line 1 *	4664 380th St	
62	Primary Place of Performance Address Line 2		
63	Primary Place of Performance Address Line 3		
64	Primary Place of Performance City Name *	Emmetsburg	
65	Primary Place of Performance State Code *	IA	
66	Primary Place of Performance Zip+4 *	50536-8759	
67	Primary Place of Performance Country Name *	United States	
68	Primary Place of Performance Country Code *	USA	
69	Primary Place of Performance Congressional District *		
70	Award Description *	To provide short-term cash flow assistance to continue operations, provide increased services and support throughout the COVID-19 pandemic.	

### Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-269-0047 - Iowa County Fair Relief Program	\$00	\$50,000.00	\$00	\$50,000.00
Total		\$00	\$50,000.00	\$00	\$50,000.00

### Previous Expenditures (All previous quarters)

	72 A	72 B		72 C	72 D	72 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-269-0047 - Iowa County Fair Relief Program	12/01/2020	12/01/2020	\$50,000.00	Economic Support (Other than Small Business, Housing, and Food Assistance)	
Total:						\$50,000.00

### Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*		Yes			
74	Non-Compliance Explanation					
	75 A	75 B		75 C	75 D	75 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	0			\$00		
Total:						\$00

## Sub Screen: Award: 269-0047-010D-3184390PA

54	Sub-Recipient Organization (Awardee)*	PAGE COUNTY AGRICULTURAL FAIR ASSOCIATION-3184390PA
55	Award Number*	269-0047-010D-3184390PA
56	Award Payment Method*	Lump Sum Payment(s)
57	Amount of Award *	\$50,000.00
58	Award Date *	11/29/2020
59	Period of Performance Start Date *	12/01/2020
60	Period of Performance End Date *	12/01/2020
61	Primary Place of Performance Address Line 1 *	2793 160th St
62	Primary Place of Performance Address Line 2	
63	Primary Place of Performance Address Line 3	
64	Primary Place of Performance City Name *	Clarinda
65	Primary Place of Performance State Code *	IA
66	Primary Place of Performance Zip+4 *	51632-5025
67	Primary Place of Performance Country Name *	United States
68	Primary Place of Performance Country Code *	USA
69	Primary Place of Performance Congressional District *	3
70	Award Description *	To provide short-term cash flow assistance to continue operations, provide increased services and support throughout the COVID-19 pandemic.

### Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-269-0047 - Iowa County Fair Relief Program	\$00	\$50,000.00	\$00	\$50,000.00
Total		\$00	\$50,000.00	\$00	\$50,000.00

### Previous Expenditures (All previous quarters)

	72 A	72 B	72 C	72 D	72 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-269-0047 - Iowa County Fair Relief Program	12/01/2020 12/01/2020	\$50,000.00	Economic Support (Other than Small Business, Housing, and Food Assistance)	
Total:					\$50,000.00

### Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*			Yes			
74	Non-Compliance Explanation						
	75 A	75 B		75 C	75 D	75 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:				\$00			

## Sub Screen: Award: 269-0047-010D-3184391OS

54	Sub-Recipient Organization (Awardee)*	OSCEOLA COUNTY LIVESTOCK SHOW-3184391OS
55	Award Number*	269-0047-010D-3184391OS
56	Award Payment Method*	Lump Sum Payment(s)
57	Amount of Award *	\$50,000.00
58	Award Date *	11/29/2020
59	Period of Performance Start Date *	12/01/2020
60	Period of Performance End Date *	12/01/2020
61	Primary Place of Performance Address Line 1 *	1124 Highway 59
62	Primary Place of Performance Address Line 2	
63	Primary Place of Performance Address Line 3	
64	Primary Place of Performance City Name *	Sibley
65	Primary Place of Performance State Code *	IA
66	Primary Place of Performance Zip+4 *	51249-9614
67	Primary Place of Performance Country Name *	United States
68	Primary Place of Performance Country Code *	USA
69	Primary Place of Performance Congressional District *	4
70	Award Description *	To provide short-term cash flow assistance to continue operations, provide increased services and support throughout the COVID-19 pandemic.

### Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-269-0047 - Iowa County Fair Relief Program	\$00	\$50,000.00	\$00	\$50,000.00
Total		\$00	\$50,000.00	\$00	\$50,000.00

### Previous Expenditures (All previous quarters)

	72 A	72 B	72 C	72 D	72 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-269-0047 - Iowa County Fair Relief Program	12/01/2020 12/01/2020	\$50,000.00	Economic Support (Other than Small Business, Housing, and Food Assistance)	
Total:					\$50,000.00

### Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*			Yes			
74	Non-Compliance Explanation						
	75 A	75 B		75 C	75 D	75 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:				\$00			

## Sub Screen: Award: 269-0047-010D-3184392OB

54	Sub-Recipient Organization (Awardee)*	O'BRIEN COUNTY LIVESTOCK SHOW AND AGRICULTURAL-3184392OB
55	Award Number*	269-0047-010D-3184392OB
56	Award Payment Method*	Lump Sum Payment(s)
57	Amount of Award *	\$50,000.00
58	Award Date *	11/29/2020
59	Period of Performance Start Date *	12/01/2020
60	Period of Performance End Date *	12/01/2020
61	Primary Place of Performance Address Line 1 *	PO BOX 332
62	Primary Place of Performance Address Line 2	
63	Primary Place of Performance Address Line 3	
64	Primary Place of Performance City Name *	Primghar
65	Primary Place of Performance State Code *	IA
66	Primary Place of Performance Zip+4 *	51245-0332
67	Primary Place of Performance Country Name *	United States
68	Primary Place of Performance Country Code *	USA
69	Primary Place of Performance Congressional District *	4
70	Award Description *	To provide short-term cash flow assistance to continue operations, provide increased services and support throughout the COVID-19 pandemic.

### Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-269-0047 - Iowa County Fair Relief Program	\$00	\$50,000.00	\$00	\$50,000.00
Total		\$00	\$50,000.00	\$00	\$50,000.00

### Previous Expenditures (All previous quarters)

	72 A	72 B	72 C	72 D	72 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-269-0047 - Iowa County Fair Relief Program	12/01/2020 12/01/2020	\$50,000.00	Economic Support (Other than Small Business, Housing, and Food Assistance)	
Total:					\$50,000.00

### Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*			Yes							
74	Non-Compliance Explanation										
	75 A		75 B		75 C		75 D		75 E		
	Project*		Expenditure Date Range*		Cost or Expenditure Amount*		Cost or Expenditure Category*		Category Description		Delete
Line 1	0				\$00						
Total:					\$00						

## Sub Screen: Award: 269-0047-010D-3184393MU

54	Sub-Recipient Organization (Awardee)*	MUSCATINE COUNTY FAIR-3184393MU
55	Award Number*	269-0047-010D-3184393MU
56	Award Payment Method*	Lump Sum Payment(s)
57	Amount of Award *	\$75,000.00
58	Award Date *	11/29/2020
59	Period of Performance Start Date *	12/01/2020
60	Period of Performance End Date *	12/01/2020
61	Primary Place of Performance Address Line 1 *	PO BOX 261
62	Primary Place of Performance Address Line 2	
63	Primary Place of Performance Address Line 3	
64	Primary Place of Performance City Name *	West Liberty
65	Primary Place of Performance State Code *	IA
66	Primary Place of Performance Zip+4 *	52776-0261
67	Primary Place of Performance Country Name *	United States
68	Primary Place of Performance Country Code *	USA
69	Primary Place of Performance Congressional District *	2
70	Award Description *	To provide short-term cash flow assistance to continue operations, provide increased services and support throughout the COVID-19 pandemic.

### Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-269-0047 - Iowa County Fair Relief Program	\$00	\$75,000.00	\$00	\$75,000.00
Total		\$00	\$75,000.00	\$00	\$75,000.00

### Previous Expenditures (All previous quarters)

	72 A	72 B	72 C	72 D	72 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-269-0047 - Iowa County Fair Relief Program	12/01/2020 12/01/2020	\$75,000.00	Economic Support (Other than Small Business, Housing, and Food Assistance)	
Total:					\$75,000.00

### Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*			Yes							
74	Non-Compliance Explanation										
	75 A		75 B		75 C		75 D		75 E		
	Project*		Expenditure Date Range*		Cost or Expenditure Amount*		Cost or Expenditure Category*		Category Description		Delete
Line 1	0				\$00						
Total:					\$00						

## Sub Screen: Award: 269-0047-010D-3184396MO

54	Sub-Recipient Organization (Awardee)*	MONTGOMERY COUNTY AG SOCIETY-3184396MO
55	Award Number*	269-0047-010D-3184396MO
56	Award Payment Method*	Lump Sum Payment(s)
57	Amount of Award *	\$50,000.00
58	Award Date *	11/29/2020
59	Period of Performance Start Date *	12/01/2020
60	Period of Performance End Date *	12/01/2020
61	Primary Place of Performance Address Line 1 *	PO BOX 278
62	Primary Place of Performance Address Line 2	
63	Primary Place of Performance Address Line 3	
64	Primary Place of Performance City Name *	Red Oak
65	Primary Place of Performance State Code *	IA
66	Primary Place of Performance Zip+4 *	51566-0278
67	Primary Place of Performance Country Name *	United States
68	Primary Place of Performance Country Code *	USA
69	Primary Place of Performance Congressional District *	3
70	Award Description *	To provide short-term cash flow assistance to continue operations, provide increased services and support throughout the COVID-19 pandemic.

### Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-269-0047 - Iowa County Fair Relief Program	\$00	\$50,000.00	\$00	\$50,000.00
Total		\$00	\$50,000.00	\$00	\$50,000.00

### Previous Expenditures (All previous quarters)

	72 A	72 B	72 C	72 D	72 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-269-0047 - Iowa County Fair Relief Program	12/01/2020 12/01/2020	\$50,000.00	Economic Support (Other than Small Business, Housing, and Food Assistance)	
Total:					\$50,000.00

### Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*			Yes			
74	Non-Compliance Explanation						
	75 A	75 B		75 C	75 D	75 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:				\$00			



## Sub Screen: Award: 269-0047-010D-3184397MO

54	Sub-Recipient Organization (Awardee)*	MONONA COUNTY FAIR ASSOCIATION-3184397MO
55	Award Number*	269-0047-010D-3184397MO
56	Award Payment Method*	Lump Sum Payment(s)
57	Amount of Award *	\$50,000.00
58	Award Date *	11/29/2020
59	Period of Performance Start Date *	12/01/2020
60	Period of Performance End Date *	12/01/2020
61	Primary Place of Performance Address Line 1 *	PO BOX 313
62	Primary Place of Performance Address Line 2	
63	Primary Place of Performance Address Line 3	
64	Primary Place of Performance City Name *	Onawa
65	Primary Place of Performance State Code *	IA
66	Primary Place of Performance Zip+4 *	51040-0313
67	Primary Place of Performance Country Name *	United States
68	Primary Place of Performance Country Code *	USA
69	Primary Place of Performance Congressional District *	4
70	Award Description *	To provide short-term cash flow assistance to continue operations, provide increased services and support throughout the COVID-19 pandemic.

### Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-269-0047 - Iowa County Fair Relief Program	\$00	\$50,000.00	\$00	\$50,000.00
Total		\$00	\$50,000.00	\$00	\$50,000.00

### Previous Expenditures (All previous quarters)

	72 A	72 B	72 C	72 D	72 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-269-0047 - Iowa County Fair Relief Program	12/01/2020 12/01/2020	\$50,000.00	Economic Support (Other than Small Business, Housing, and Food Assistance)	
Total:					\$50,000.00

### Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*			Yes			
74	Non-Compliance Explanation						
	75 A	75 B		75 C	75 D	75 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:				\$00			

## Sub Screen: Award: 269-0047-010D-3184399MI

54	Sub-Recipient Organization (Awardee)*	MITCHELL COUNTY AGRICULTURAL SOCIETY-3184399MI	
55	Award Number*	269-0047-010D-3184399MI	
56	Award Payment Method*	Lump Sum Payment(s)	
57	Amount of Award *		\$75,000.00
58	Award Date *	11/29/2020	
59	Period of Performance Start Date *	12/01/2020	
60	Period of Performance End Date *	12/01/2020	
61	Primary Place of Performance Address Line 1 *	2597 410th St	
62	Primary Place of Performance Address Line 2		
63	Primary Place of Performance Address Line 3		
64	Primary Place of Performance City Name *	Little Cedar	
65	Primary Place of Performance State Code *	IA	
66	Primary Place of Performance Zip+4 *	50454-8501	
67	Primary Place of Performance Country Name *	United States	
68	Primary Place of Performance Country Code *	USA	
69	Primary Place of Performance Congressional District *	1	
70	Award Description *	To provide short-term cash flow assistance to continue operations, provide increased services and support throughout the COVID-19 pandemic.	

### Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-269-0047 - Iowa County Fair Relief Program	\$00	\$75,000.00	\$00	\$75,000.00
Total		\$00	\$75,000.00	\$00	\$75,000.00

### Previous Expenditures (All previous quarters)

	72 A	72 B		72 C	72 D	72 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-269-0047 - Iowa County Fair Relief Program	12/01/2020	12/01/2020	\$75,000.00	Economic Support (Other than Small Business, Housing, and Food Assistance)	
Total:						\$75,000.00

### Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*		Yes			
74	Non-Compliance Explanation					
	75 A	75 B		75 C	75 D	75 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	0			\$00		
Total:						\$00

## Sub Screen: Award: 269-0047-010D-3184408FA

54	Sub-Recipient Organization (Awardee)*	FAYETTE COUNTY AGRICULTURAL SOCIETY-3184408FA
55	Award Number*	269-0047-010D-3184408FA
56	Award Payment Method*	Lump Sum Payment(s)
57	Amount of Award *	\$50,000.00
58	Award Date *	11/29/2020
59	Period of Performance Start Date *	12/01/2020
60	Period of Performance End Date *	12/01/2020
61	Primary Place of Performance Address Line 1 *	504 S Vine St
62	Primary Place of Performance Address Line 2	
63	Primary Place of Performance Address Line 3	
64	Primary Place of Performance City Name *	West Union
65	Primary Place of Performance State Code *	IA
66	Primary Place of Performance Zip+4 *	52175-1524
67	Primary Place of Performance Country Name *	United States
68	Primary Place of Performance Country Code *	USA
69	Primary Place of Performance Congressional District *	1
70	Award Description *	To provide short-term cash flow assistance to continue operations, provide increased services and support throughout the COVID-19 pandemic.

### Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-269-0047 - Iowa County Fair Relief Program	\$00	\$50,000.00	\$00	\$50,000.00
Total		\$00	\$50,000.00	\$00	\$50,000.00

### Previous Expenditures (All previous quarters)

	72 A	72 B	72 C	72 D	72 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-269-0047 - Iowa County Fair Relief Program	12/01/2020 12/01/2020	\$50,000.00	Economic Support (Other than Small Business, Housing, and Food Assistance)	
Total:					\$50,000.00

### Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*			Yes			
74	Non-Compliance Explanation						
	75 A	75 B		75 C	75 D	75 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:				\$00			

## Sub Screen: Award: 269-0047-010D-3184410FR

54	Sub-Recipient Organization (Awardee)*	FREMONT COUNTY FAIR ASSOCIATION-3184410FR
55	Award Number*	269-0047-010D-3184410FR
56	Award Payment Method*	Lump Sum Payment(s)
57	Amount of Award *	\$50,000.00
58	Award Date *	11/29/2020
59	Period of Performance Start Date *	12/01/2020
60	Period of Performance End Date *	12/01/2020
61	Primary Place of Performance Address Line 1 *	PO BOX 213
62	Primary Place of Performance Address Line 2	
63	Primary Place of Performance Address Line 3	
64	Primary Place of Performance City Name *	Farragut
65	Primary Place of Performance State Code *	IA
66	Primary Place of Performance Zip+4 *	51639-0213
67	Primary Place of Performance Country Name *	United States
68	Primary Place of Performance Country Code *	USA
69	Primary Place of Performance Congressional District *	3
70	Award Description *	To provide short-term cash flow assistance to continue operations, provide increased services and support throughout the COVID-19 pandemic.

### Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-269-0047 - Iowa County Fair Relief Program	\$00	\$50,000.00	\$00	\$50,000.00
Total		\$00	\$50,000.00	\$00	\$50,000.00

### Previous Expenditures (All previous quarters)

	72 A	72 B	72 C	72 D	72 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-269-0047 - Iowa County Fair Relief Program	12/01/2020 12/01/2020	\$50,000.00	Economic Support (Other than Small Business, Housing, and Food Assistance)	
Total:					\$50,000.00

### Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*			Yes							
74	Non-Compliance Explanation										
	75 A		75 B		75 C		75 D		75 E		
	Project*		Expenditure Date Range*		Cost or Expenditure Amount*		Cost or Expenditure Category*		Category Description		Delete
Line 1	0				\$00						
Total:					\$00						

## Sub Screen: Award: 269-0047-010D-3184414HA

54	Sub-Recipient Organization (Awardee)*	HANCOCK COUNTY AGRICULTURAL SOCIETY-3184414HA
55	Award Number*	269-0047-010D-3184414HA
56	Award Payment Method*	Lump Sum Payment(s)
57	Amount of Award *	\$50,000.00
58	Award Date *	11/29/2020
59	Period of Performance Start Date *	12/01/2020
60	Period of Performance End Date *	12/01/2020
61	Primary Place of Performance Address Line 1 *	PO BOX 55
62	Primary Place of Performance Address Line 2	
63	Primary Place of Performance Address Line 3	
64	Primary Place of Performance City Name *	Britt
65	Primary Place of Performance State Code *	IA
66	Primary Place of Performance Zip+4 *	50423-0055
67	Primary Place of Performance Country Name *	United States
68	Primary Place of Performance Country Code *	USA
69	Primary Place of Performance Congressional District *	4
70	Award Description *	To provide short-term cash flow assistance to continue operations, provide increased services and support throughout the COVID-19 pandemic.

### Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-269-0047 - Iowa County Fair Relief Program	\$00	\$50,000.00	\$00	\$50,000.00
Total		\$00	\$50,000.00	\$00	\$50,000.00

### Previous Expenditures (All previous quarters)

	72 A	72 B	72 C	72 D	72 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-269-0047 - Iowa County Fair Relief Program	12/01/2020 12/01/2020	\$50,000.00	Economic Support (Other than Small Business, Housing, and Food Assistance)	
Total:					\$50,000.00

### Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*			Yes		
74	Non-Compliance Explanation					
	75 A	75 B	75 C	75 D	75 E	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00		
Total:			\$00			

## Sub Screen: Award: 269-0047-010D-3184416HA

54	Sub-Recipient Organization (Awardee)*	HARRISON COUNTY AGRICULTURAL SOCIETY-3184416HA
55	Award Number*	269-0047-010D-3184416HA
56	Award Payment Method*	Lump Sum Payment(s)
57	Amount of Award *	\$50,000.00
58	Award Date *	11/29/2020
59	Period of Performance Start Date *	12/01/2020
60	Period of Performance End Date *	12/01/2020
61	Primary Place of Performance Address Line 1 *	2991 Melrose Ln
62	Primary Place of Performance Address Line 2	
63	Primary Place of Performance Address Line 3	
64	Primary Place of Performance City Name *	Missouri Valley
65	Primary Place of Performance State Code *	IA
66	Primary Place of Performance Zip+4 *	51555-8008
67	Primary Place of Performance Country Name *	United States
68	Primary Place of Performance Country Code *	USA
69	Primary Place of Performance Congressional District *	4
70	Award Description *	To provide short-term cash flow assistance to continue operations, provide increased services and support throughout the COVID-19 pandemic.

### Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-269-0047 - Iowa County Fair Relief Program	\$00	\$50,000.00	\$00	\$50,000.00
Total		\$00	\$50,000.00	\$00	\$50,000.00

### Previous Expenditures (All previous quarters)

	72 A	72 B	72 C	72 D	72 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-269-0047 - Iowa County Fair Relief Program	12/01/2020 12/01/2020	\$50,000.00	Economic Support (Other than Small Business, Housing, and Food Assistance)	
Total:					\$50,000.00

### Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*			Yes			
74	Non-Compliance Explanation						
	75 A	75 B		75 C	75 D	75 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:				\$00			

## Sub Screen: Award: 269-0047-010D-3184418HE

54	Sub-Recipient Organization (Awardee)*	HENRY COUNTY FAIR-3184418HE
55	Award Number*	269-0047-010D-3184418HE
56	Award Payment Method*	Lump Sum Payment(s)
57	Amount of Award *	\$50,000.00
58	Award Date *	11/29/2020
59	Period of Performance Start Date *	12/01/2020
60	Period of Performance End Date *	12/01/2020
61	Primary Place of Performance Address Line 1 *	127 N Main St
62	Primary Place of Performance Address Line 2	
63	Primary Place of Performance Address Line 3	
64	Primary Place of Performance City Name *	Mount Pleasant
65	Primary Place of Performance State Code *	IA
66	Primary Place of Performance Zip+4 *	52641-2027
67	Primary Place of Performance Country Name *	United States
68	Primary Place of Performance Country Code *	USA
69	Primary Place of Performance Congressional District *	2
70	Award Description *	To provide short-term cash flow assistance to continue operations, provide increased services and support throughout the COVID-19 pandemic.

### Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-269-0047 - Iowa County Fair Relief Program	\$00	\$50,000.00	\$00	\$50,000.00
Total		\$00	\$50,000.00	\$00	\$50,000.00

### Previous Expenditures (All previous quarters)

	72 A	72 B	72 C	72 D	72 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-269-0047 - Iowa County Fair Relief Program	12/01/2020 12/01/2020	\$50,000.00	Economic Support (Other than Small Business, Housing, and Food Assistance)	
Total:					\$50,000.00

### Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*			Yes							
74	Non-Compliance Explanation										
	75 A		75 B		75 C		75 D		75 E		
	Project*		Expenditure Date Range*		Cost or Expenditure Amount*		Cost or Expenditure Category*		Category Description		Delete
Line 1	0				\$00						
Total:					\$00						

## Sub Screen: Award: 269-0047-010D-3184420HU

54	Sub-Recipient Organization (Awardee)*	HUMBOLDT COUNTY AGRICULTURAL SOCIETY-3184420HU
55	Award Number*	269-0047-010D-3184420HU
56	Award Payment Method*	Lump Sum Payment(s)
57	Amount of Award *	\$50,000.00
58	Award Date *	11/29/2020
59	Period of Performance Start Date *	12/01/2020
60	Period of Performance End Date *	12/01/2020
61	Primary Place of Performance Address Line 1 *	PO BOX 391
62	Primary Place of Performance Address Line 2	
63	Primary Place of Performance Address Line 3	
64	Primary Place of Performance City Name *	Humboldt
65	Primary Place of Performance State Code *	IA
66	Primary Place of Performance Zip+4 *	50548-0391
67	Primary Place of Performance Country Name *	United States
68	Primary Place of Performance Country Code *	USA
69	Primary Place of Performance Congressional District *	4
70	Award Description *	To provide short-term cash flow assistance to continue operations, provide increased services and support throughout the COVID-19 pandemic.

### Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-269-0047 - Iowa County Fair Relief Program	\$00	\$50,000.00	\$00	\$50,000.00
Total		\$00	\$50,000.00	\$00	\$50,000.00

### Previous Expenditures (All previous quarters)

	72 A	72 B	72 C	72 D	72 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-269-0047 - Iowa County Fair Relief Program	12/01/2020 12/01/2020	\$50,000.00	Economic Support (Other than Small Business, Housing, and Food Assistance)	
Total:					\$50,000.00

### Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*			Yes			
74	Non-Compliance Explanation						
	75 A	75 B		75 C	75 D	75 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:				\$00			



## Sub Screen: Award: 269-0047-010D-3184421ID

54	Sub-Recipient Organization (Awardee)*	IDA COUNTY AGRICULTURAL SOCIETY INC-3184421ID	
55	Award Number*	269-0047-010D-3184421ID	
56	Award Payment Method*	Lump Sum Payment(s)	
57	Amount of Award *		\$50,000.00
58	Award Date *	11/29/2020	
59	Period of Performance Start Date *	12/01/2020	
60	Period of Performance End Date *	12/01/2020	
61	Primary Place of Performance Address Line 1 *	5585 Hillside Way	
62	Primary Place of Performance Address Line 2		
63	Primary Place of Performance Address Line 3		
64	Primary Place of Performance City Name *	Ida Grove	
65	Primary Place of Performance State Code *	IA	
66	Primary Place of Performance Zip+4 *	51445-8016	
67	Primary Place of Performance Country Name *	United States	
68	Primary Place of Performance Country Code *	USA	
69	Primary Place of Performance Congressional District *	4	
70	Award Description *	To provide short-term cash flow assistance to continue operations, provide increased services and support throughout the COVID-19 pandemic.	

### Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-269-0047 - Iowa County Fair Relief Program	\$00	\$50,000.00	\$00	\$50,000.00
Total		\$00	\$50,000.00	\$00	\$50,000.00

### Previous Expenditures (All previous quarters)

	72 A	72 B		72 C	72 D	72 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-269-0047 - Iowa County Fair Relief Program	12/01/2020	12/01/2020	\$50,000.00	Economic Support (Other than Small Business, Housing, and Food Assistance)	
Total:						\$50,000.00

### Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*		Yes			
74	Non-Compliance Explanation					
	75 A	75 B		75 C	75 D	75 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	0			\$00		
Total:						\$00

## Sub Screen: Award: 269-0047-010D-3184422LY

54	Sub-Recipient Organization (Awardee)*	LYON COUNTY FAIR ASSOCIATION-3184422LY	
55	Award Number*	269-0047-010D-3184422LY	
56	Award Payment Method*	Lump Sum Payment(s)	
57	Amount of Award *		\$50,000.00
58	Award Date *	11/29/2020	
59	Period of Performance Start Date *	12/01/2020	
60	Period of Performance End Date *	12/01/2020	
61	Primary Place of Performance Address Line 1 *	PO BOX 73	
62	Primary Place of Performance Address Line 2		
63	Primary Place of Performance Address Line 3		
64	Primary Place of Performance City Name *	Larchwood	
65	Primary Place of Performance State Code *	IA	
66	Primary Place of Performance Zip+4 *	51241-0073	
67	Primary Place of Performance Country Name *	United States	
68	Primary Place of Performance Country Code *	USA	
69	Primary Place of Performance Congressional District *		
70	Award Description *	To provide short-term cash flow assistance to continue operations, provide increased services and support throughout the COVID-19 pandemic.	

### Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-269-0047 - Iowa County Fair Relief Program	\$00	\$50,000.00	\$00	\$50,000.00
Total		\$00	\$50,000.00	\$00	\$50,000.00

### Previous Expenditures (All previous quarters)

	72 A	72 B		72 C	72 D	72 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-269-0047 - Iowa County Fair Relief Program	12/01/2020	12/01/2020	\$50,000.00	Economic Support (Other than Small Business, Housing, and Food Assistance)	
Total:						\$50,000.00

### Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*		Yes			
74	Non-Compliance Explanation					
	75 A	75 B		75 C	75 D	75 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	0			\$00		
Total:						\$00

## Sub Screen: Award: 269-0047-010D-3184423JA

54	Sub-Recipient Organization (Awardee)*	JACKSON COUNTY FAIR ASSOCIATION-3184423JA
55	Award Number*	269-0047-010D-3184423JA
56	Award Payment Method*	Lump Sum Payment(s)
57	Amount of Award *	\$75,000.00
58	Award Date *	11/29/2020
59	Period of Performance Start Date *	12/01/2020
60	Period of Performance End Date *	12/01/2020
61	Primary Place of Performance Address Line 1 *	PO BOX 859
62	Primary Place of Performance Address Line 2	
63	Primary Place of Performance Address Line 3	
64	Primary Place of Performance City Name *	Maquoketa
65	Primary Place of Performance State Code *	IA
66	Primary Place of Performance Zip+4 *	52060-0859
67	Primary Place of Performance Country Name *	United States
68	Primary Place of Performance Country Code *	USA
69	Primary Place of Performance Congressional District *	1
70	Award Description *	To provide short-term cash flow assistance to continue operations, provide increased services and support throughout the COVID-19 pandemic.

### Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-269-0047 - Iowa County Fair Relief Program	\$00	\$75,000.00	\$00	\$75,000.00
Total		\$00	\$75,000.00	\$00	\$75,000.00

### Previous Expenditures (All previous quarters)

	72 A	72 B	72 C	72 D	72 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-269-0047 - Iowa County Fair Relief Program	12/01/2020 12/01/2020	\$75,000.00	Economic Support (Other than Small Business, Housing, and Food Assistance)	
Total:					\$75,000.00

### Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*			Yes		
74	Non-Compliance Explanation					
	75 A	75 B		75 C	75 D	75 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	0			\$00		
Total:				\$00		

## Sub Screen: Award: 269-0047-010D-3184426KE

54	Sub-Recipient Organization (Awardee)*	KEOKUK COUNTY EXPO INC-3184426KE
55	Award Number*	269-0047-010D-3184426KE
56	Award Payment Method*	Lump Sum Payment(s)
57	Amount of Award *	\$50,000.00
58	Award Date *	11/29/2020
59	Period of Performance Start Date *	12/01/2020
60	Period of Performance End Date *	12/01/2020
61	Primary Place of Performance Address Line 1 *	PO BOX 2
62	Primary Place of Performance Address Line 2	
63	Primary Place of Performance Address Line 3	
64	Primary Place of Performance City Name *	Sigourney
65	Primary Place of Performance State Code *	IA
66	Primary Place of Performance Zip+4 *	52591-0002
67	Primary Place of Performance Country Name *	United States
68	Primary Place of Performance Country Code *	USA
69	Primary Place of Performance Congressional District *	2
70	Award Description *	To provide short-term cash flow assistance to continue operations, provide increased services and support throughout the COVID-19 pandemic.

### Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-269-0047 - Iowa County Fair Relief Program	\$00	\$50,000.00	\$00	\$50,000.00
Total		\$00	\$50,000.00	\$00	\$50,000.00

### Previous Expenditures (All previous quarters)

	72 A	72 B	72 C	72 D	72 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-269-0047 - Iowa County Fair Relief Program	12/01/2020 12/01/2020	\$50,000.00	Economic Support (Other than Small Business, Housing, and Food Assistance)	
Total:					\$50,000.00

### Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*			Yes							
74	Non-Compliance Explanation										
	75 A		75 B		75 C		75 D		75 E		
	Project*		Expenditure Date Range*		Cost or Expenditure Amount*		Cost or Expenditure Category*		Category Description		Delete
Line 1	0				\$00						
Total:					\$00						

## Sub Screen: Award: 269-0047-010D-3184427KO

54	Sub-Recipient Organization (Awardee)*	KOSSUTH COUNTY AGRICULTURAL ASSOCIATION-3184427KO
55	Award Number*	269-0047-010D-3184427KO
56	Award Payment Method*	Lump Sum Payment(s)
57	Amount of Award *	\$50,000.00
58	Award Date *	11/29/2020
59	Period of Performance Start Date *	12/01/2020
60	Period of Performance End Date *	12/01/2020
61	Primary Place of Performance Address Line 1 *	PO BOX 362
62	Primary Place of Performance Address Line 2	
63	Primary Place of Performance Address Line 3	
64	Primary Place of Performance City Name *	Algona
65	Primary Place of Performance State Code *	IA
66	Primary Place of Performance Zip+4 *	50511-0362
67	Primary Place of Performance Country Name *	United States
68	Primary Place of Performance Country Code *	USA
69	Primary Place of Performance Congressional District *	4
70	Award Description *	To provide short-term cash flow assistance to continue operations, provide increased services and support throughout the COVID-19 pandemic.

### Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-269-0047 - Iowa County Fair Relief Program	\$00	\$50,000.00	\$00	\$50,000.00
Total		\$00	\$50,000.00	\$00	\$50,000.00

### Previous Expenditures (All previous quarters)

	72 A	72 B	72 C	72 D	72 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-269-0047 - Iowa County Fair Relief Program	12/01/2020 12/01/2020	\$50,000.00	Economic Support (Other than Small Business, Housing, and Food Assistance)	
Total:					\$50,000.00

### Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*			Yes			
74	Non-Compliance Explanation						
	75 A	75 B		75 C	75 D	75 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:				\$00			

## Sub Screen: Award: 309-PFEH-0052-3184432

54	Sub-Recipient Organization (Awardee)*	HAMILTON-RYKER GROUP INC THE-3184432HA
55	Award Number*	309-PFEH-0052-3184432
56	Award Payment Method*	Lump Sum Payment(s)
57	Amount of Award *	\$132,440.00
58	Award Date *	11/29/2020
59	Period of Performance Start Date *	11/30/2020
60	Period of Performance End Date *	06/30/2021
61	Primary Place of Performance Address Line 1 *	PO BOX 1068
62	Primary Place of Performance Address Line 2	
63	Primary Place of Performance Address Line 3	
64	Primary Place of Performance City Name *	Martin
65	Primary Place of Performance State Code *	TN
66	Primary Place of Performance Zip+4 *	38237-1068
67	Primary Place of Performance Country Name *	United States
68	Primary Place of Performance Country Code *	USA
69	Primary Place of Performance Congressional District *	
70	Award Description *	Funding is supporting the creation and expansion of short-term learn and learn training programs resulting in industry-recognized credentials by providing grants for Expand opportunities for Iowans whose employment has been affected or eliminated because of the Coronavirus pandemic.

### Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-309-AAEH - Earn and Learn Grants	\$00	\$132,440.00	\$00	\$132,440.00
Total		\$00	\$132,440.00	\$00	\$132,440.00

### Previous Expenditures (All previous quarters)

	72 A	72 B	72 C	72 D	72 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-309-AAEH - Earn and Learn Grants	11/30/2020 11/30/2020	\$132,440.00	Items Not Listed Above	Vocational Training
Total:					\$132,440.00

### Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*			Yes							
74	Non-Compliance Explanation										
	75 A		75 B		75 C		75 D		75 E		
	Project*		Expenditure Date Range*		Cost or Expenditure Amount*		Cost or Expenditure Category*		Category Description		Delete
Line 1	0				\$00						
Total:					\$00						

### Sub Screen: Award: 309-PFEH-0052-3184457

54	Sub-Recipient Organization (Awardee)*	ALLSQUARE CABINET COMPANY-3184457AL
55	Award Number*	309-PFEH-0052-3184457
56	Award Payment Method*	Lump Sum Payment(s)
57	Amount of Award *	\$145,000.00
58	Award Date *	11/29/2020
59	Period of Performance Start Date *	11/30/2020
60	Period of Performance End Date *	06/30/2021
61	Primary Place of Performance Address Line 1 *	1200 N 14th St
62	Primary Place of Performance Address Line 2	
63	Primary Place of Performance Address Line 3	
64	Primary Place of Performance City Name *	Indianola
65	Primary Place of Performance State Code *	IA
66	Primary Place of Performance Zip+4 *	50125-1508
67	Primary Place of Performance Country Name *	United States
68	Primary Place of Performance Country Code *	USA
69	Primary Place of Performance Congressional District *	3
70	Award Description *	Funding is supporting the creation and expansion of short-term learn and learn training programs resulting in industry-recognized credentials by providing grants for Expand opportunities for Iowans whose employment has been affected or eliminated because of the Coronavirus pandemic.

### Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-309-AAEH - Earn and Learn Grants	\$00	\$145,000.00	\$00	\$145,000.00
Total		\$00	\$145,000.00	\$00	\$145,000.00

### Previous Expenditures (All previous quarters)

	72 A	72 B	72 C	72 D	72 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-309-AAEH - Earn and Learn Grants	11/30/2020 11/30/2020	\$145,000.00	Items Not Listed Above	Vocational Training
Total:					\$145,000.00

### Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*			Yes			
74	Non-Compliance Explanation						
	75 A	75 B		75 C	75 D	75 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:				\$00			

### Sub Screen: Award: 309-PFEH-0052-3184659

54	Sub-Recipient Organization (Awardee)*	SCOTT ENTERPRISES & CONSULTING PLLC-3184659SC	
55	Award Number*	309-PFEH-0052-3184659	
56	Award Payment Method*	Lump Sum Payment(s)	
57	Amount of Award *		\$85,800.00
58	Award Date *	12/01/2020	
59	Period of Performance Start Date *	12/02/2020	
60	Period of Performance End Date *	06/30/2021	
61	Primary Place of Performance Address Line 1 *	1441 29th St Ste 303	
62	Primary Place of Performance Address Line 2		
63	Primary Place of Performance Address Line 3		
64	Primary Place of Performance City Name *	West Des Moines	
65	Primary Place of Performance State Code *	IA	
66	Primary Place of Performance Zip+4 *	50266-1309	
67	Primary Place of Performance Country Name *	United States	
68	Primary Place of Performance Country Code *	USA	
69	Primary Place of Performance Congressional District *	3	
70	Award Description *	Funding is supporting the creation and expansion of short-term learn and learn training programs resulting in industry-recognized credentials by providing grants for Expand opportunities for Iowans whose employment has been affected or eliminated because of the Coronavirus pandemic.	

### Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-309-AAEH - Earn and Learn Grants	\$00	\$85,800.00	\$00	\$85,800.00
Total		\$00	\$85,800.00	\$00	\$85,800.00

### Previous Expenditures (All previous quarters)

	72 A	72 B	72 C	72 D	72 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-309-AAEH - Earn and Learn Grants	12/02/2020 12/02/2020	\$85,800.00	Items Not Listed Above	Vocational Training
Total:					\$85,800.00

### Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*			Yes			
74	Non-Compliance Explanation						
	75 A	75 B		75 C	75 D	75 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:				\$00			



## Sub Screen: Award: 269-0043-009Q-3184685ST

54	Sub-Recipient Organization (Awardee)*	STARTS RIGHT HERE-3184685ST
55	Award Number*	269-0043-009Q-3184685ST
56	Award Payment Method*	Lump Sum Payment(s)
57	Amount of Award *	\$100,000.00
58	Award Date *	11/19/2020
59	Period of Performance Start Date *	12/03/2020
60	Period of Performance End Date *	12/03/2020
61	Primary Place of Performance Address Line 1 *	PO BOX 3096
62	Primary Place of Performance Address Line 2	
63	Primary Place of Performance Address Line 3	
64	Primary Place of Performance City Name *	Des Moines
65	Primary Place of Performance State Code *	IA
66	Primary Place of Performance Zip+4 *	50316-0096
67	Primary Place of Performance Country Name *	United States
68	Primary Place of Performance Country Code *	USA
69	Primary Place of Performance Congressional District *	3
70	Award Description *	To support organizations providing volunteer infrastructure including Volunteer Center, Mentoring, and RSVP programs, as well as community-based organizations with established trust and history of serving communities of color.

### Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-269-0379 - Small Business Relief Grants	\$00	\$100,000.00	\$00	\$100,000.00
Total		\$00	\$100,000.00	\$00	\$100,000.00

### Previous Expenditures (All previous quarters)

	72 A	72 B	72 C	72 D	72 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-269-0379 - Small Business Relief Grants	12/03/2020 12/03/2020	\$100,000.00	Economic Support (Other than Small Business, Housing, and Food Assistance)	
Total:					\$100,000.00

### Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*			Yes		
74	Non-Compliance Explanation					
	75 A	75 B		75 C	75 D	75 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	0			\$00		
Total:				\$00		

## Sub Screen: Award: 21-RFRRP-190-191

54	Sub-Recipient Organization (Awardee)*	MONTEZUMA EXPRESS LLC-3185113MO	
55	Award Number*	21-RFRRP-190-191	
56	Award Payment Method*	Lump Sum Payment(s)	
57	Amount of Award *		\$60,000.00
58	Award Date *	10/25/2020	
59	Period of Performance Start Date *	12/21/2020	
60	Period of Performance End Date *	12/30/2020	
61	Primary Place of Performance Address Line 1 *	221 W Marengo Rd	
62	Primary Place of Performance Address Line 2		
63	Primary Place of Performance Address Line 3		
64	Primary Place of Performance City Name *	Tiffin	
65	Primary Place of Performance State Code *	IA	
66	Primary Place of Performance Zip+4 *	52340-9402	
67	Primary Place of Performance Country Name *	United States	
68	Primary Place of Performance Country Code *	USA	
69	Primary Place of Performance Congressional District *	2	
70	Award Description *	For the construction, installation, upgrade, and retrofit of equipment associated with the sale of renewable fuels to expand markets disrupted by COVID-19.	

### Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-009-1136 - Renewable Fuel Retail Recovery Program	\$00	\$60,000.00	\$00	\$60,000.00
Total		\$00	\$60,000.00	\$00	\$60,000.00

### Previous Expenditures (All previous quarters)

	72 A	72 B	72 C	72 D	72 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Category Description
Line 1	IA-009-1136 - Renewable Fuel Retail Recovery Program	12/21/2020	12/21/2020	\$60,000.00	Economic Support (Other than Small Business, Housing, and Food Assistance)
Total:					\$60,000.00

### Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*		Yes			
74	Non-Compliance Explanation					
	75 A	75 B	75 C	75 D	75 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Category Description	Delete
Line 1	0			\$00		
Total:						\$00

## Sub Screen: Award: 21-RFRRP-236-238

54	Sub-Recipient Organization (Awardee)*	BREW LLC-3180311BR
55	Award Number*	21-RFRRP-236-238
56	Award Payment Method*	Lump Sum Payment(s)
57	Amount of Award *	\$90,000.00
58	Award Date *	02/18/2021
59	Period of Performance Start Date *	02/18/2021
60	Period of Performance End Date *	03/31/2021
61	Primary Place of Performance Address Line 1 *	143 S Cove Dr
62	Primary Place of Performance Address Line 2	
63	Primary Place of Performance Address Line 3	
64	Primary Place of Performance City Name *	Storm Lake
65	Primary Place of Performance State Code *	IA
66	Primary Place of Performance Zip+4 *	50588-7710
67	Primary Place of Performance Country Name *	United States
68	Primary Place of Performance Country Code *	USA
69	Primary Place of Performance Congressional District *	4
70	Award Description *	For the construction, installation, upgrade, and retrofit of equipment associated with the sale of renewable fuels to expand markets disrupted by COVID-19.

### Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-009-1136 - Renewable Fuel Retail Recovery Program	\$00	\$90,000.00	\$00	\$90,000.00
Total		\$00	\$90,000.00	\$00	\$90,000.00

### Previous Expenditures (All previous quarters)

	72 A	72 B	72 C	72 D	72 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-009-1136 - Renewable Fuel Retail Recovery Program	03/03/2021 03/03/2021	\$90,000.00	Economic Support (Other than Small Business, Housing, and Food Assistance)	
Total:					\$90,000.00

### Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*			Yes		
74	Non-Compliance Explanation					
	75 A		75 B	75 C	75 D	75 E
	Project*		Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
						Delete
Line 1	0			\$00		
Total:				\$00		

## Sub Screen: Award: 21-RFRRP-129-130

54	Sub-Recipient Organization (Awardee)*	DELCAR INC-2113030DE
55	Award Number*	21-RFRRP-129-130
56	Award Payment Method*	Lump Sum Payment(s)
57	Amount of Award *	\$60,000.00
58	Award Date *	10/26/2020
59	Period of Performance Start Date *	10/26/2020
60	Period of Performance End Date *	03/31/2021
61	Primary Place of Performance Address Line 1 *	311 Liston St
62	Primary Place of Performance Address Line 2	
63	Primary Place of Performance Address Line 3	
64	Primary Place of Performance City Name *	Danbury
65	Primary Place of Performance State Code *	IA
66	Primary Place of Performance Zip+4 *	51019-7513
67	Primary Place of Performance Country Name *	United States
68	Primary Place of Performance Country Code *	USA
69	Primary Place of Performance Congressional District *	4
70	Award Description *	For the construction, installation, upgrade, and retrofit of equipment associated with the sale of renewable fuels to expand markets disrupted by COVID-19.

### Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-009-1136 - Renewable Fuel Retail Recovery Program	\$00	\$60,000.00	\$00	\$60,000.00
Total		\$00	\$60,000.00	\$00	\$60,000.00

### Previous Expenditures (All previous quarters)

	72 A	72 B	72 C	72 D	72 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-009-1136 - Renewable Fuel Retail Recovery Program	02/17/2021 02/17/2021	\$60,000.00	Economic Support (Other than Small Business, Housing, and Food Assistance)	
Total:					\$60,000.00

### Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*			Yes		
74	Non-Compliance Explanation					
	75 A		75 B	75 C	75 D	75 E
	Project*		Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	0			\$00		
Total:				\$00		

## Sub Screen: Award: 21-RFRRP-133-134

54	Sub-Recipient Organization (Awardee)*	GRUNDY COUNTY HERITAGE CENTER LLC-3186773GR	
55	Award Number*	21-RFRRP-133-134	
56	Award Payment Method*	Lump Sum Payment(s)	
57	Amount of Award *		\$60,000.00
58	Award Date *	02/18/2021	
59	Period of Performance Start Date *	02/18/2021	
60	Period of Performance End Date *	03/31/2021	
61	Primary Place of Performance Address Line 1 *	16250 N Ave	
62	Primary Place of Performance Address Line 2		
63	Primary Place of Performance Address Line 3		
64	Primary Place of Performance City Name *	Holland	
65	Primary Place of Performance State Code *	IA	
66	Primary Place of Performance Zip+4 *	50642-8122	
67	Primary Place of Performance Country Name *	United States	
68	Primary Place of Performance Country Code *	USA	
69	Primary Place of Performance Congressional District *	4	
70	Award Description *	For the construction, installation, upgrade, and retrofit of equipment associated with the sale of renewable fuels to expand markets disrupted by COVID-19.	

### Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-009-1136 - Renewable Fuel Retail Recovery Program	\$00	\$60,000.00	\$00	\$60,000.00
Total		\$00	\$60,000.00	\$00	\$60,000.00

### Previous Expenditures (All previous quarters)

	72 A	72 B	72 C	72 D	72 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Category Description
Line 1	IA-009-1136 - Renewable Fuel Retail Recovery Program	03/05/2021	03/05/2021	\$60,000.00	Economic Support (Other than Small Business, Housing, and Food Assistance)
Total:					\$60,000.00

### Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*		Yes			
74	Non-Compliance Explanation					
	75 A	75 B	75 C	75 D	75 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	0			\$00		
Total:						\$00

## Sub Screen: Award: 21-RFRRP-257-258

54	Sub-Recipient Organization (Awardee)*	KEY COOPERATIVE-2105825KE	
55	Award Number*	21-RFRRP-257-258	
56	Award Payment Method*	Lump Sum Payment(s)	
57	Amount of Award *		\$60,000.00
58	Award Date *	02/23/2021	
59	Period of Performance Start Date *	02/23/2021	
60	Period of Performance End Date *	03/31/2021	
61	Primary Place of Performance Address Line 1 *	13585 620th Ave	
62	Primary Place of Performance Address Line 2		
63	Primary Place of Performance Address Line 3		
64	Primary Place of Performance City Name *	Roland	
65	Primary Place of Performance State Code *	IA	
66	Primary Place of Performance Zip+4 *	50236-8061	
67	Primary Place of Performance Country Name *	United States	
68	Primary Place of Performance Country Code *	USA	
69	Primary Place of Performance Congressional District *	4	
70	Award Description *	For the construction, installation, upgrade, and retrofit of equipment associated with the sale of renewable fuels to expand markets disrupted by COVID-19.	

### Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-009-1136 - Renewable Fuel Retail Recovery Program	\$00	\$60,000.00	\$00	\$60,000.00
Total		\$00	\$60,000.00	\$00	\$60,000.00

### Previous Expenditures (All previous quarters)

	72 A	72 B	72 C	72 D	72 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Category Description
Line 1	IA-009-1136 - Renewable Fuel Retail Recovery Program	02/25/2021	02/25/2021	\$60,000.00	Economic Support (Other than Small Business, Housing, and Food Assistance)
Total:					\$60,000.00

### Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*		Yes			
74	Non-Compliance Explanation					
	75 A	75 B	75 C	75 D	75 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Category Description	Delete
Line 1	0			\$00		
Total:						\$00

## Sub Screen: Award: 21-RFRRP-131-132

54	Sub-Recipient Organization (Awardee)*	KK3 LLC-3186562KK	
55	Award Number*	21-RFRRP-131-132	
56	Award Payment Method*	Lump Sum Payment(s)	
57	Amount of Award *		\$60,000.00
58	Award Date *	10/26/2020	
59	Period of Performance Start Date *	10/26/2020	
60	Period of Performance End Date *	03/31/2021	
61	Primary Place of Performance Address Line 1 *	503 Highway 175	
62	Primary Place of Performance Address Line 2		
63	Primary Place of Performance Address Line 3		
64	Primary Place of Performance City Name *	Danbury	
65	Primary Place of Performance State Code *	IA	
66	Primary Place of Performance Zip+4 *	51019-7712	
67	Primary Place of Performance Country Name *	United States	
68	Primary Place of Performance Country Code *	USA	
69	Primary Place of Performance Congressional District *	4	
70	Award Description *	For the construction, installation, upgrade, and retrofit of equipment associated with the sale of renewable fuels to expand markets disrupted by COVID-19.	

### Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-009-1136 - Renewable Fuel Retail Recovery Program	\$00	\$60,000.00	\$00	\$60,000.00
Total		\$00	\$60,000.00	\$00	\$60,000.00

### Previous Expenditures (All previous quarters)

	72 A	72 B	72 C	72 D	72 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Category Description
Line 1	IA-009-1136 - Renewable Fuel Retail Recovery Program	02/25/2021	02/25/2021	\$60,000.00	Economic Support (Other than Small Business, Housing, and Food Assistance)
Total:					\$60,000.00

### Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*		Yes			
74	Non-Compliance Explanation					
	75 A	75 B	75 C	75 D	75 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Category Description	Delete
Line 1	0			\$00		
Total:						\$00

## Sub Screen: Award: 21-RFRRP-245/259

54	Sub-Recipient Organization (Awardee)*	STUS PETROLEUM-3082086ST
55	Award Number*	21-RFRRP-245/259
56	Award Payment Method*	Lump Sum Payment(s)
57	Amount of Award *	\$60,000.00
58	Award Date *	02/16/2021
59	Period of Performance Start Date *	02/16/2021
60	Period of Performance End Date *	03/31/2021
61	Primary Place of Performance Address Line 1 *	1400 Valley West Dr
62	Primary Place of Performance Address Line 2	
63	Primary Place of Performance Address Line 3	
64	Primary Place of Performance City Name *	West Des Moines
65	Primary Place of Performance State Code *	IA
66	Primary Place of Performance Zip+4 *	50266-1105
67	Primary Place of Performance Country Name *	United States
68	Primary Place of Performance Country Code *	USA
69	Primary Place of Performance Congressional District *	3
70	Award Description *	For the construction, installation, upgrade, and retrofit of equipment associated with the sale of renewable fuels to expand markets disrupted by COVID-19.

### Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-009-1136 - Renewable Fuel Retail Recovery Program	\$00	\$60,000.00	\$00	\$60,000.00
Total		\$00	\$60,000.00	\$00	\$60,000.00

### Previous Expenditures (All previous quarters)

	72 A	72 B	72 C	72 D	72 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-009-1136 - Renewable Fuel Retail Recovery Program	02/25/2021 02/25/2021	\$60,000.00	Economic Support (Other than Small Business, Housing, and Food Assistance)	
Total:					\$60,000.00

### Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*			Yes		
74	Non-Compliance Explanation					
	75 A		75 B	75 C	75 D	75 E
	Project*		Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
						Delete
Line 1	0			\$00		
Total:				\$00		



## Sub Screen: Award: 202112-10178

54	Sub-Recipient Organization (Awardee)*	BALLET THEATRE OF DSM-2145973BA
55	Award Number*	202112-10178
56	Award Payment Method*	Lump Sum Payment(s)
57	Amount of Award *	\$57,800.00
58	Award Date *	03/01/2020
59	Period of Performance Start Date *	03/01/2020
60	Period of Performance End Date *	03/31/2021
61	Primary Place of Performance Address Line 1 *	121 S 11th St Ste 100
62	Primary Place of Performance Address Line 2	
63	Primary Place of Performance Address Line 3	
64	Primary Place of Performance City Name *	West Des Moines
65	Primary Place of Performance State Code *	IA
66	Primary Place of Performance Zip+4 *	50265-4465
67	Primary Place of Performance Country Name *	United States
68	Primary Place of Performance Country Code *	USA
69	Primary Place of Performance Congressional District *	3
70	Award Description *	Emergency grant due to COVID-19.

### Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-259-1422 - Iowa Arts and Cultural Recovery Program	\$00	\$57,800.00	\$00	\$57,800.00
Total		\$00	\$57,800.00	\$00	\$57,800.00

### Previous Expenditures (All previous quarters)

	72 A	72 B	72 C	72 D	72 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-259-1422 - Iowa Arts and Cultural Recovery Program	01/01/2021 03/31/2021	\$57,800.00	Economic Support (Other than Small Business, Housing, and Food Assistance)	
Total:					\$57,800.00

### Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*			Yes							
74	Non-Compliance Explanation										
	75 A		75 B		75 C		75 D		75 E		
	Project*		Expenditure Date Range*		Cost or Expenditure Amount*		Cost or Expenditure Category*		Category Description		Delete
Line 1	0				\$00						
Total:					\$00						

## Sub Screen: Award: 202112-10183

54	Sub-Recipient Organization (Awardee)*	BLANK PARK ZOO FOUNDATION-2114700BL
55	Award Number*	202112-10183
56	Award Payment Method*	Lump Sum Payment(s)
57	Amount of Award *	\$175,000.00
58	Award Date *	03/01/2020
59	Period of Performance Start Date *	03/01/2020
60	Period of Performance End Date *	03/31/2021
61	Primary Place of Performance Address Line 1 *	7401 SW 9th St
62	Primary Place of Performance Address Line 2	
63	Primary Place of Performance Address Line 3	
64	Primary Place of Performance City Name *	Des Moines
65	Primary Place of Performance State Code *	IA
66	Primary Place of Performance Zip+4 *	50315-6667
67	Primary Place of Performance Country Name *	United States
68	Primary Place of Performance Country Code *	USA
69	Primary Place of Performance Congressional District *	3
70	Award Description *	Emergency grant due to COVID-19.

### Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-259-1422 - Iowa Arts and Cultural Recovery Program	\$00	\$175,000.00	\$00	\$175,000.00
Total		\$00	\$175,000.00	\$00	\$175,000.00

### Previous Expenditures (All previous quarters)

	72 A	72 B	72 C	72 D	72 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-259-1422 - Iowa Arts and Cultural Recovery Program	01/01/2021 03/31/2021	\$175,000.00	Economic Support (Other than Small Business, Housing, and Food Assistance)	
Total:					\$175,000.00

### Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*			Yes		
74	Non-Compliance Explanation					
	75 A	75 B		75 C	75 D	75 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	0			\$00		
Total:				\$00		

## Sub Screen: Award: 202112-10187

54	Sub-Recipient Organization (Awardee)*	BRIDGE VIEW CENTER INC-2123749BR
55	Award Number*	202112-10187
56	Award Payment Method*	Lump Sum Payment(s)
57	Amount of Award *	\$64,700.00
58	Award Date *	03/01/2020
59	Period of Performance Start Date *	03/01/2020
60	Period of Performance End Date *	03/31/2021
61	Primary Place of Performance Address Line 1 *	102 Church St
62	Primary Place of Performance Address Line 2	
63	Primary Place of Performance Address Line 3	
64	Primary Place of Performance City Name *	Ottumwa
65	Primary Place of Performance State Code *	IA
66	Primary Place of Performance Zip+4 *	52501-4209
67	Primary Place of Performance Country Name *	United States
68	Primary Place of Performance Country Code *	USA
69	Primary Place of Performance Congressional District *	2
70	Award Description *	Emergency grant due to COVID-19.

### Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-259-1422 - Iowa Arts and Cultural Recovery Program	\$00	\$64,700.00	\$00	\$64,700.00
Total		\$00	\$64,700.00	\$00	\$64,700.00

### Previous Expenditures (All previous quarters)

	72 A	72 B	72 C	72 D	72 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-259-1422 - Iowa Arts and Cultural Recovery Program	01/01/2021 03/31/2021	\$64,700.00	Economic Support (Other than Small Business, Housing, and Food Assistance)	
Total:					\$64,700.00

### Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*			Yes							
74	Non-Compliance Explanation										
	75 A		75 B		75 C		75 D		75 E		
	Project*		Expenditure Date Range*		Cost or Expenditure Amount*		Cost or Expenditure Category*		Category Description		Delete
Line 1	0				\$00						
Total:					\$00						

## Sub Screen: Award: 202112-10310

54	Sub-Recipient Organization (Awardee)*	CEDAR RAPIDS MUSEUM OF ART-2106946CE
55	Award Number*	202112-10310
56	Award Payment Method*	Lump Sum Payment(s)
57	Amount of Award *	\$72,600.00
58	Award Date *	03/01/2020
59	Period of Performance Start Date *	03/01/2020
60	Period of Performance End Date *	03/31/2021
61	Primary Place of Performance Address Line 1 *	410 3rd Ave SE
62	Primary Place of Performance Address Line 2	
63	Primary Place of Performance Address Line 3	
64	Primary Place of Performance City Name *	Cedar Rapids
65	Primary Place of Performance State Code *	IA
66	Primary Place of Performance Zip+4 *	52401-1606
67	Primary Place of Performance Country Name *	United States
68	Primary Place of Performance Country Code *	USA
69	Primary Place of Performance Congressional District *	1
70	Award Description *	Emergency grant due to COVID-19.

### Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-259-1422 - Iowa Arts and Cultural Recovery Program	\$00	\$72,600.00	\$00	\$72,600.00
Total		\$00	\$72,600.00	\$00	\$72,600.00

### Previous Expenditures (All previous quarters)

	72 A	72 B	72 C	72 D	72 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-259-1422 - Iowa Arts and Cultural Recovery Program	01/01/2021 03/31/2021	\$72,600.00	Economic Support (Other than Small Business, Housing, and Food Assistance)	
Total:					\$72,600.00

### Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*			Yes							
74	Non-Compliance Explanation										
	75 A		75 B		75 C		75 D		75 E		
	Project*		Expenditure Date Range*		Cost or Expenditure Amount*		Cost or Expenditure Category*		Category Description		Delete
Line 1	0				\$00						
Total:					\$00						

## Sub Screen: Award: 202112-10260

54	Sub-Recipient Organization (Awardee)*	CEDAR RAPIDS SYMPHONY-2107920CE
55	Award Number*	202112-10260
56	Award Payment Method*	Lump Sum Payment(s)
57	Amount of Award *	\$175,000.00
58	Award Date *	03/01/2020
59	Period of Performance Start Date *	03/01/2020
60	Period of Performance End Date *	03/31/2021
61	Primary Place of Performance Address Line 1 *	119 3rd Ave SE
62	Primary Place of Performance Address Line 2	
63	Primary Place of Performance Address Line 3	
64	Primary Place of Performance City Name *	Cedar Rapids
65	Primary Place of Performance State Code *	IA
66	Primary Place of Performance Zip+4 *	52401-1403
67	Primary Place of Performance Country Name *	United States
68	Primary Place of Performance Country Code *	USA
69	Primary Place of Performance Congressional District *	1
70	Award Description *	Emergency grant due to COVID-19.

### Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-259-1422 - Iowa Arts and Cultural Recovery Program	\$00	\$175,000.00	\$00	\$175,000.00
Total		\$00	\$175,000.00	\$00	\$175,000.00

### Previous Expenditures (All previous quarters)

	72 A	72 B	72 C	72 D	72 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-259-1422 - Iowa Arts and Cultural Recovery Program	01/01/2021 03/31/2021	\$175,000.00	Economic Support (Other than Small Business, Housing, and Food Assistance)	
Total:					\$175,000.00

### Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*			Yes			
74	Non-Compliance Explanation						
	75 A	75 B		75 C	75 D	75 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:				\$00			

## Sub Screen: Award: 202112-10206

54	Sub-Recipient Organization (Awardee)*	CIVIC MUSIC ASSOCIATION-2095899CI
55	Award Number*	202112-10206
56	Award Payment Method*	Lump Sum Payment(s)
57	Amount of Award *	\$56,300.00
58	Award Date *	03/01/2020
59	Period of Performance Start Date *	03/01/2020
60	Period of Performance End Date *	03/31/2021
61	Primary Place of Performance Address Line 1 *	900 Keosauqua Way Ste 113
62	Primary Place of Performance Address Line 2	
63	Primary Place of Performance Address Line 3	
64	Primary Place of Performance City Name *	Des Moines
65	Primary Place of Performance State Code *	IA
66	Primary Place of Performance Zip+4 *	50309-1504
67	Primary Place of Performance Country Name *	United States
68	Primary Place of Performance Country Code *	USA
69	Primary Place of Performance Congressional District *	3
70	Award Description *	Emergency grant due to COVID-19.

### Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-259-1422 - Iowa Arts and Cultural Recovery Program	\$00	\$56,300.00	\$00	\$56,300.00
Total		\$00	\$56,300.00	\$00	\$56,300.00

### Previous Expenditures (All previous quarters)

	72 A	72 B	72 C	72 D	72 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-259-1422 - Iowa Arts and Cultural Recovery Program	01/01/2021 03/31/2021	\$56,300.00	Economic Support (Other than Small Business, Housing, and Food Assistance)	
Total:					\$56,300.00

### Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*			Yes							
74	Non-Compliance Explanation										
	75 A		75 B		75 C		75 D		75 E		
	Project*		Expenditure Date Range*		Cost or Expenditure Amount*		Cost or Expenditure Category*		Category Description		Delete
Line 1	0				\$00						
Total:					\$00						

## Sub Screen: Award: 202112-10306

54	Sub-Recipient Organization (Awardee)*	COMMUNITY THEATRE OF CEDAR RAPIDS-2109054CO
55	Award Number*	202112-10306
56	Award Payment Method*	Lump Sum Payment(s)
57	Amount of Award *	\$142,200.00
58	Award Date *	03/01/2020
59	Period of Performance Start Date *	03/01/2020
60	Period of Performance End Date *	03/31/2021
61	Primary Place of Performance Address Line 1 *	102 3rd St SE
62	Primary Place of Performance Address Line 2	
63	Primary Place of Performance Address Line 3	
64	Primary Place of Performance City Name *	Cedar Rapids
65	Primary Place of Performance State Code *	IA
66	Primary Place of Performance Zip+4 *	52401-1210
67	Primary Place of Performance Country Name *	United States
68	Primary Place of Performance Country Code *	USA
69	Primary Place of Performance Congressional District *	1
70	Award Description *	Emergency grant due to COVID-19.

### Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-259-1422 - Iowa Arts and Cultural Recovery Program	\$00	\$142,200.00	\$00	\$142,200.00
Total		\$00	\$142,200.00	\$00	\$142,200.00

### Previous Expenditures (All previous quarters)

	72 A	72 B	72 C	72 D	72 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-259-1422 - Iowa Arts and Cultural Recovery Program	01/01/2021 03/31/2021	\$142,200.00	Economic Support (Other than Small Business, Housing, and Food Assistance)	
Total:					\$142,200.00

### Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*			Yes			
74	Non-Compliance Explanation						
	75 A		75 B	75 C	75 D	75 E	
	Project*		Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:				\$00			

## Sub Screen: Award: 202112-10333

54	Sub-Recipient Organization (Awardee)*	DES MOINES ARTS FESTIVAL-2123639DE
55	Award Number*	202112-10333
56	Award Payment Method*	Lump Sum Payment(s)
57	Amount of Award *	\$100,000.00
58	Award Date *	03/01/2020
59	Period of Performance Start Date *	03/01/2020
60	Period of Performance End Date *	03/31/2021
61	Primary Place of Performance Address Line 1 *	700 Locust St Ste 100
62	Primary Place of Performance Address Line 2	
63	Primary Place of Performance Address Line 3	
64	Primary Place of Performance City Name *	Des Moines
65	Primary Place of Performance State Code *	IA
66	Primary Place of Performance Zip+4 *	50309-3717
67	Primary Place of Performance Country Name *	United States
68	Primary Place of Performance Country Code *	USA
69	Primary Place of Performance Congressional District *	3
70	Award Description *	Emergency grant due to COVID-19.

### Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-259-1422 - Iowa Arts and Cultural Recovery Program	\$00	\$100,000.00	\$00	\$100,000.00
Total		\$00	\$100,000.00	\$00	\$100,000.00

### Previous Expenditures (All previous quarters)

	72 A	72 B	72 C	72 D	72 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-259-1422 - Iowa Arts and Cultural Recovery Program	01/01/2021 03/31/2021	\$100,000.00	Economic Support (Other than Small Business, Housing, and Food Assistance)	
Total:					\$100,000.00

### Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*			Yes							
74	Non-Compliance Explanation										
	75 A		75 B		75 C		75 D		75 E		
	Project*		Expenditure Date Range*		Cost or Expenditure Amount*		Cost or Expenditure Category*		Category Description		Delete
Line 1	0				\$00						
Total:					\$00						



## Sub Screen: Award: 202112-10184

54	Sub-Recipient Organization (Awardee)*	DES MOINES METRO OPERA INC-2095893DE
55	Award Number*	202112-10184
56	Award Payment Method*	Lump Sum Payment(s)
57	Amount of Award *	\$175,000.00
58	Award Date *	03/01/2020
59	Period of Performance Start Date *	03/01/2020
60	Period of Performance End Date *	03/31/2021
61	Primary Place of Performance Address Line 1 *	106 W Boston Ave
62	Primary Place of Performance Address Line 2	
63	Primary Place of Performance Address Line 3	
64	Primary Place of Performance City Name *	Indianola
65	Primary Place of Performance State Code *	IA
66	Primary Place of Performance Zip+4 *	50125-1836
67	Primary Place of Performance Country Name *	United States
68	Primary Place of Performance Country Code *	USA
69	Primary Place of Performance Congressional District *	3
70	Award Description *	Emergency grant due to COVID-19.

### Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-259-1422 - Iowa Arts and Cultural Recovery Program	\$00	\$175,000.00	\$00	\$175,000.00
Total		\$00	\$175,000.00	\$00	\$175,000.00

### Previous Expenditures (All previous quarters)

	72 A	72 B	72 C	72 D	72 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-259-1422 - Iowa Arts and Cultural Recovery Program	01/01/2021 03/31/2021	\$175,000.00	Economic Support (Other than Small Business, Housing, and Food Assistance)	
Total:					\$175,000.00

### Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*			Yes		
74	Non-Compliance Explanation					
	75 A	75 B		75 C	75 D	75 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	0			\$00		
Total:				\$00		

## Sub Screen: Award: 202112-10340

54	Sub-Recipient Organization (Awardee)*	DES MOINES PERFORMING ARTS-2136692DE
55	Award Number*	202112-10340
56	Award Payment Method*	Lump Sum Payment(s)
57	Amount of Award *	\$175,000.00
58	Award Date *	03/01/2020
59	Period of Performance Start Date *	03/01/2020
60	Period of Performance End Date *	03/31/2021
61	Primary Place of Performance Address Line 1 *	221 Walnut St
62	Primary Place of Performance Address Line 2	
63	Primary Place of Performance Address Line 3	
64	Primary Place of Performance City Name *	Des Moines
65	Primary Place of Performance State Code *	IA
66	Primary Place of Performance Zip+4 *	50309-2104
67	Primary Place of Performance Country Name *	United States
68	Primary Place of Performance Country Code *	USA
69	Primary Place of Performance Congressional District *	3
70	Award Description *	Emergency grant due to COVID-19.

### Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-259-1422 - Iowa Arts and Cultural Recovery Program	\$00	\$175,000.00	\$00	\$175,000.00
Total		\$00	\$175,000.00	\$00	\$175,000.00

### Previous Expenditures (All previous quarters)

	72 A	72 B	72 C	72 D	72 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-259-1422 - Iowa Arts and Cultural Recovery Program	01/01/2021 03/31/2021	\$175,000.00	Economic Support (Other than Small Business, Housing, and Food Assistance)	
Total:					\$175,000.00

### Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*			Yes							
74	Non-Compliance Explanation										
	75 A		75 B		75 C		75 D		75 E		
	Project*		Expenditure Date Range*		Cost or Expenditure Amount*		Cost or Expenditure Category*		Category Description		Delete
Line 1	0				\$00						
Total:					\$00						

## Sub Screen: Award: 202112-10335

54	Sub-Recipient Organization (Awardee)*	DES MOINES PLAYHOUSE-2107593DE
55	Award Number*	202112-10335
56	Award Payment Method*	Lump Sum Payment(s)
57	Amount of Award *	\$112,500.00
58	Award Date *	03/01/2020
59	Period of Performance Start Date *	03/01/2020
60	Period of Performance End Date *	03/31/2021
61	Primary Place of Performance Address Line 1 *	831 42nd St
62	Primary Place of Performance Address Line 2	
63	Primary Place of Performance Address Line 3	
64	Primary Place of Performance City Name *	Des Moines
65	Primary Place of Performance State Code *	IA
66	Primary Place of Performance Zip+4 *	50312-2613
67	Primary Place of Performance Country Name *	United States
68	Primary Place of Performance Country Code *	USA
69	Primary Place of Performance Congressional District *	3
70	Award Description *	Emergency grant due to COVID-19.

### Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-259-1422 - Iowa Arts and Cultural Recovery Program	\$00	\$112,500.00	\$00	\$112,500.00
Total		\$00	\$112,500.00	\$00	\$112,500.00

### Previous Expenditures (All previous quarters)

	72 A	72 B	72 C	72 D	72 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-259-1422 - Iowa Arts and Cultural Recovery Program	01/01/2021 03/31/2021	\$112,500.00	Economic Support (Other than Small Business, Housing, and Food Assistance)	
Total:					\$112,500.00

### Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*			Yes		
74	Non-Compliance Explanation					
	75 A	75 B		75 C	75 D	75 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	0			\$00		
Total:				\$00		

## Sub Screen: Award: 202112-10341

54	Sub-Recipient Organization (Awardee)*	DES MOINES SYMPHONY-2132065DE
55	Award Number*	202112-10341
56	Award Payment Method*	Lump Sum Payment(s)
57	Amount of Award *	\$162,100.00
58	Award Date *	03/01/2020
59	Period of Performance Start Date *	03/01/2020
60	Period of Performance End Date *	03/31/2021
61	Primary Place of Performance Address Line 1 *	1011 Locust St Ste 200
62	Primary Place of Performance Address Line 2	
63	Primary Place of Performance Address Line 3	
64	Primary Place of Performance City Name *	Des Moines
65	Primary Place of Performance State Code *	IA
66	Primary Place of Performance Zip+4 *	50309-2813
67	Primary Place of Performance Country Name *	United States
68	Primary Place of Performance Country Code *	USA
69	Primary Place of Performance Congressional District *	3
70	Award Description *	Emergency grant due to COVID-19.

### Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-259-1422 - Iowa Arts and Cultural Recovery Program	\$00	\$162,100.00	\$00	\$162,100.00
Total		\$00	\$162,100.00	\$00	\$162,100.00

### Previous Expenditures (All previous quarters)

	72 A	72 B	72 C	72 D	72 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-259-1422 - Iowa Arts and Cultural Recovery Program	01/01/2021 03/31/2021	\$162,100.00	Economic Support (Other than Small Business, Housing, and Food Assistance)	
Total:					\$162,100.00

### Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*			Yes			
74	Non-Compliance Explanation						
	75 A	75 B		75 C	75 D	75 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:				\$00			

## Sub Screen: Award: 202112-10395

54	Sub-Recipient Organization (Awardee)*	DUBUQUE CITY OF-2128725DU
55	Award Number*	202112-10395
56	Award Payment Method*	Lump Sum Payment(s)
57	Amount of Award *	\$58,000.00
58	Award Date *	03/01/2020
59	Period of Performance Start Date *	03/01/2020
60	Period of Performance End Date *	03/31/2021
61	Primary Place of Performance Address Line 1 *	50 W 13th St
62	Primary Place of Performance Address Line 2	
63	Primary Place of Performance Address Line 3	
64	Primary Place of Performance City Name *	Dubuque
65	Primary Place of Performance State Code *	IA
66	Primary Place of Performance Zip+4 *	52001-4805
67	Primary Place of Performance Country Name *	United States
68	Primary Place of Performance Country Code *	USA
69	Primary Place of Performance Congressional District *	1
70	Award Description *	Emergency grant due to COVID-19.

### Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-259-1422 - Iowa Arts and Cultural Recovery Program	\$00	\$58,000.00	\$00	\$58,000.00
Total		\$00	\$58,000.00	\$00	\$58,000.00

### Previous Expenditures (All previous quarters)

	72 A	72 B	72 C	72 D	72 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-259-1422 - Iowa Arts and Cultural Recovery Program	01/01/2021 03/31/2021	\$58,000.00	Economic Support (Other than Small Business, Housing, and Food Assistance)	
Total:					\$58,000.00

### Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*			Yes							
74	Non-Compliance Explanation										
	75 A		75 B		75 C		75 D		75 E		
	Project*		Expenditure Date Range*		Cost or Expenditure Amount*		Cost or Expenditure Category*		Category Description		Delete
Line 1	0				\$00						
Total:					\$00						

## Sub Screen: Award: 202112-10353

54	Sub-Recipient Organization (Awardee)*	DUBUQUE COUNTY HISTORICA-2132163DU
55	Award Number*	202112-10353
56	Award Payment Method*	Lump Sum Payment(s)
57	Amount of Award *	\$175,000.00
58	Award Date *	03/01/2020
59	Period of Performance Start Date *	03/01/2020
60	Period of Performance End Date *	03/31/2021
61	Primary Place of Performance Address Line 1 *	350 E 3rd St
62	Primary Place of Performance Address Line 2	
63	Primary Place of Performance Address Line 3	
64	Primary Place of Performance City Name *	Dubuque
65	Primary Place of Performance State Code *	IA
66	Primary Place of Performance Zip+4 *	52001-2302
67	Primary Place of Performance Country Name *	United States
68	Primary Place of Performance Country Code *	USA
69	Primary Place of Performance Congressional District *	1
70	Award Description *	Emergency grant due to COVID-19.

### Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-259-1422 - Iowa Arts and Cultural Recovery Program	\$00	\$175,000.00	\$00	\$175,000.00
Total		\$00	\$175,000.00	\$00	\$175,000.00

### Previous Expenditures (All previous quarters)

	72 A	72 B	72 C	72 D	72 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-259-1422 - Iowa Arts and Cultural Recovery Program	01/01/2021 03/31/2021	\$175,000.00	Economic Support (Other than Small Business, Housing, and Food Assistance)	
Total:					\$175,000.00

### Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*			Yes			
74	Non-Compliance Explanation						
	75 A	75 B		75 C	75 D	75 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:				\$00			

## Sub Screen: Award: 202112-10309

54	Sub-Recipient Organization (Awardee)*	DUBUQUE SYMPHONY ORCHESTRA-2095960DU
55	Award Number*	202112-10309
56	Award Payment Method*	Lump Sum Payment(s)
57	Amount of Award *	\$79,300.00
58	Award Date *	03/01/2020
59	Period of Performance Start Date *	03/01/2020
60	Period of Performance End Date *	03/31/2021
61	Primary Place of Performance Address Line 1 *	2728 Asbury Rd
62	Primary Place of Performance Address Line 2	
63	Primary Place of Performance Address Line 3	
64	Primary Place of Performance City Name *	Dubuque
65	Primary Place of Performance State Code *	IA
66	Primary Place of Performance Zip+4 *	52001-2971
67	Primary Place of Performance Country Name *	United States
68	Primary Place of Performance Country Code *	USA
69	Primary Place of Performance Congressional District *	1
70	Award Description *	Emergency grant due to COVID-19.

### Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-259-1422 - Iowa Arts and Cultural Recovery Program	\$00	\$79,300.00	\$00	\$79,300.00
Total		\$00	\$79,300.00	\$00	\$79,300.00

### Previous Expenditures (All previous quarters)

	72 A	72 B	72 C	72 D	72 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-259-1422 - Iowa Arts and Cultural Recovery Program	01/01/2021 03/31/2021	\$79,300.00	Economic Support (Other than Small Business, Housing, and Food Assistance)	
Total:					\$79,300.00

### Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*			Yes			
74	Non-Compliance Explanation						
	75 A	75 B		75 C	75 D	75 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:				\$00			

## Sub Screen: Award: 202112-10297

54	Sub-Recipient Organization (Awardee)*	ENGLERT CIVIC THEATRE INC-2125591EN
55	Award Number*	202112-10297
56	Award Payment Method*	Lump Sum Payment(s)
57	Amount of Award *	\$62,000.00
58	Award Date *	03/01/2020
59	Period of Performance Start Date *	03/01/2020
60	Period of Performance End Date *	03/31/2021
61	Primary Place of Performance Address Line 1 *	221 E Washington St
62	Primary Place of Performance Address Line 2	
63	Primary Place of Performance Address Line 3	
64	Primary Place of Performance City Name *	Iowa City
65	Primary Place of Performance State Code *	IA
66	Primary Place of Performance Zip+4 *	52240-3952
67	Primary Place of Performance Country Name *	United States
68	Primary Place of Performance Country Code *	USA
69	Primary Place of Performance Congressional District *	2
70	Award Description *	Emergency grant due to COVID-19.

### Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-259-1422 - Iowa Arts and Cultural Recovery Program	\$00	\$62,000.00	\$00	\$62,000.00
Total		\$00	\$62,000.00	\$00	\$62,000.00

### Previous Expenditures (All previous quarters)

	72 A	72 B	72 C	72 D	72 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-259-1422 - Iowa Arts and Cultural Recovery Program	01/01/2021 03/31/2021	\$62,000.00	Economic Support (Other than Small Business, Housing, and Food Assistance)	
Total:					\$62,000.00

### Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*			Yes			
74	Non-Compliance Explanation						
	75 A		75 B	75 C	75 D	75 E	
	Project*		Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:				\$00			



## Sub Screen: Award: 202112-10241

54	Sub-Recipient Organization (Awardee)*	FIGGE ART MUSEUM-2132319FI
55	Award Number*	202112-10241
56	Award Payment Method*	Lump Sum Payment(s)
57	Amount of Award *	\$111,500.00
58	Award Date *	03/01/2020
59	Period of Performance Start Date *	03/01/2020
60	Period of Performance End Date *	03/31/2021
61	Primary Place of Performance Address Line 1 *	225 W 2nd St
62	Primary Place of Performance Address Line 2	
63	Primary Place of Performance Address Line 3	
64	Primary Place of Performance City Name *	Davenport
65	Primary Place of Performance State Code *	IA
66	Primary Place of Performance Zip+4 *	52801-1804
67	Primary Place of Performance Country Name *	United States
68	Primary Place of Performance Country Code *	USA
69	Primary Place of Performance Congressional District *	2
70	Award Description *	Emergency grant due to COVID-19.

### Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-259-1422 - Iowa Arts and Cultural Recovery Program	\$00	\$111,500.00	\$00	\$111,500.00
Total		\$00	\$111,500.00	\$00	\$111,500.00

### Previous Expenditures (All previous quarters)

	72 A	72 B	72 C	72 D	72 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-259-1422 - Iowa Arts and Cultural Recovery Program	01/01/2021 03/31/2021	\$111,500.00	Economic Support (Other than Small Business, Housing, and Food Assistance)	
Total:					\$111,500.00

### Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*			Yes			
74	Non-Compliance Explanation						
	75 A	75 B		75 C	75 D	75 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:				\$00			

## Sub Screen: Award: 202112-10396

54	Sub-Recipient Organization (Awardee)*	FILMSCENE-3115501FI
55	Award Number*	202112-10396
56	Award Payment Method*	Lump Sum Payment(s)
57	Amount of Award *	\$59,500.00
58	Award Date *	03/01/2020
59	Period of Performance Start Date *	03/01/2020
60	Period of Performance End Date *	03/31/2021
61	Primary Place of Performance Address Line 1 *	118 E College St Ste 101
62	Primary Place of Performance Address Line 2	
63	Primary Place of Performance Address Line 3	
64	Primary Place of Performance City Name *	Iowa City
65	Primary Place of Performance State Code *	IA
66	Primary Place of Performance Zip+4 *	52240-4027
67	Primary Place of Performance Country Name *	United States
68	Primary Place of Performance Country Code *	USA
69	Primary Place of Performance Congressional District *	2
70	Award Description *	Emergency grant due to COVID-19.

### Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-259-1422 - Iowa Arts and Cultural Recovery Program	\$00	\$59,500.00	\$00	\$59,500.00
Total		\$00	\$59,500.00	\$00	\$59,500.00

### Previous Expenditures (All previous quarters)

	72 A	72 B	72 C	72 D	72 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-259-1422 - Iowa Arts and Cultural Recovery Program	01/01/2021 03/31/2021	\$59,500.00	Economic Support (Other than Small Business, Housing, and Food Assistance)	
Total:					\$59,500.00

### Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*			Yes							
74	Non-Compliance Explanation										
	75 A		75 B		75 C		75 D		75 E		
	Project*		Expenditure Date Range*		Cost or Expenditure Amount*		Cost or Expenditure Category*		Category Description		Delete
Line 1	0				\$00						
Total:					\$00						

## Sub Screen: Award: 202112-10298

54	Sub-Recipient Organization (Awardee)*	GRAND OPERA HOUSE THE-2113812GR
55	Award Number*	202112-10298
56	Award Payment Method*	Lump Sum Payment(s)
57	Amount of Award *	\$51,800.00
58	Award Date *	03/01/2020
59	Period of Performance Start Date *	03/01/2020
60	Period of Performance End Date *	03/31/2021
61	Primary Place of Performance Address Line 1 *	135 W 8th St
62	Primary Place of Performance Address Line 2	
63	Primary Place of Performance Address Line 3	
64	Primary Place of Performance City Name *	Dubuque
65	Primary Place of Performance State Code *	IA
66	Primary Place of Performance Zip+4 *	52001-6810
67	Primary Place of Performance Country Name *	United States
68	Primary Place of Performance Country Code *	USA
69	Primary Place of Performance Congressional District *	1
70	Award Description *	Emergency grant due to COVID-19.

### Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-259-1422 - Iowa Arts and Cultural Recovery Program	\$00	\$51,800.00	\$00	\$51,800.00
Total		\$00	\$51,800.00	\$00	\$51,800.00

### Previous Expenditures (All previous quarters)

	72 A	72 B	72 C	72 D	72 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-259-1422 - Iowa Arts and Cultural Recovery Program	01/01/2021 03/31/2021	\$51,800.00	Economic Support (Other than Small Business, Housing, and Food Assistance)	
Total:					\$51,800.00

### Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*			Yes							
74	Non-Compliance Explanation										
	75 A		75 B		75 C		75 D		75 E		
	Project*		Expenditure Date Range*		Cost or Expenditure Amount*		Cost or Expenditure Category*		Category Description		Delete
Line 1	0				\$00						
Total:					\$00						

## Sub Screen: Award: 202112-10384

54	Sub-Recipient Organization (Awardee)*	GREATER DES MOINES BOTANICAL GARDEN-2106521GR	
55	Award Number*	202112-10384	
56	Award Payment Method*	Lump Sum Payment(s)	
57	Amount of Award *		\$175,000.00
58	Award Date *	03/01/2020	
59	Period of Performance Start Date *	03/01/2020	
60	Period of Performance End Date *	03/31/2021	
61	Primary Place of Performance Address Line 1 *	909 Robert D Ray Dr	
62	Primary Place of Performance Address Line 2		
63	Primary Place of Performance Address Line 3		
64	Primary Place of Performance City Name *	Des Moines	
65	Primary Place of Performance State Code *	IA	
66	Primary Place of Performance Zip+4 *	50309-2854	
67	Primary Place of Performance Country Name *	United States	
68	Primary Place of Performance Country Code *	USA	
69	Primary Place of Performance Congressional District *	3	
70	Award Description *	Emergency grant due to COVID-19.	

### Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-259-1422 - Iowa Arts and Cultural Recovery Program	\$00	\$175,000.00	\$00	\$175,000.00
Total		\$00	\$175,000.00	\$00	\$175,000.00

### Previous Expenditures (All previous quarters)

	72 A	72 B		72 C	72 D	72 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-259-1422 - Iowa Arts and Cultural Recovery Program	01/01/2021	03/31/2021	\$175,000.00	Economic Support (Other than Small Business, Housing, and Food Assistance)	
Total:						\$175,000.00

### Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*		Yes			
74	Non-Compliance Explanation					
	75 A	75 B		75 C	75 D	75 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	0			\$00		
Total:						\$00

## Sub Screen: Award: 202112-10370

54	Sub-Recipient Organization (Awardee)*	HERBERT HOOVER PRESI--2108521HE
55	Award Number*	202112-10370
56	Award Payment Method*	Lump Sum Payment(s)
57	Amount of Award *	\$93,700.00
58	Award Date *	03/01/2020
59	Period of Performance Start Date *	03/01/2020
60	Period of Performance End Date *	03/31/2021
61	Primary Place of Performance Address Line 1 *	PO BOX 696
62	Primary Place of Performance Address Line 2	
63	Primary Place of Performance Address Line 3	
64	Primary Place of Performance City Name *	West Branch
65	Primary Place of Performance State Code *	IA
66	Primary Place of Performance Zip+4 *	52358-0696
67	Primary Place of Performance Country Name *	United States
68	Primary Place of Performance Country Code *	USA
69	Primary Place of Performance Congressional District *	2
70	Award Description *	Emergency grant due to COVID-19.

### Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-259-1422 - Iowa Arts and Cultural Recovery Program	\$00	\$93,700.00	\$00	\$93,700.00
Total		\$00	\$93,700.00	\$00	\$93,700.00

### Previous Expenditures (All previous quarters)

	72 A	72 B	72 C	72 D	72 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-259-1422 - Iowa Arts and Cultural Recovery Program	01/01/2021 03/31/2021	\$93,700.00	Economic Support (Other than Small Business, Housing, and Food Assistance)	
Total:					\$93,700.00

### Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*			Yes							
74	Non-Compliance Explanation										
	75 A		75 B		75 C		75 D		75 E		
	Project*		Expenditure Date Range*		Cost or Expenditure Amount*		Cost or Expenditure Category*		Category Description		Delete
Line 1	0				\$00						
Total:					\$00						

## Sub Screen: Award: 202112-10368

54	Sub-Recipient Organization (Awardee)*	HOYT SHERMAN PLACE FOUNDATION-2121918HO
55	Award Number*	202112-10368
56	Award Payment Method*	Lump Sum Payment(s)
57	Amount of Award *	\$108,000.00
58	Award Date *	03/01/2020
59	Period of Performance Start Date *	03/01/2020
60	Period of Performance End Date *	03/31/2021
61	Primary Place of Performance Address Line 1 *	1501 Woodland Ave
62	Primary Place of Performance Address Line 2	
63	Primary Place of Performance Address Line 3	
64	Primary Place of Performance City Name *	Des Moines
65	Primary Place of Performance State Code *	IA
66	Primary Place of Performance Zip+4 *	50309-3213
67	Primary Place of Performance Country Name *	United States
68	Primary Place of Performance Country Code *	USA
69	Primary Place of Performance Congressional District *	3
70	Award Description *	Emergency grant due to COVID-19.

### Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-259-1422 - Iowa Arts and Cultural Recovery Program	\$00	\$108,000.00	\$00	\$108,000.00
Total		\$00	\$108,000.00	\$00	\$108,000.00

### Previous Expenditures (All previous quarters)

	72 A	72 B	72 C	72 D	72 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-259-1422 - Iowa Arts and Cultural Recovery Program	01/01/2021 03/31/2021	\$108,000.00	Economic Support (Other than Small Business, Housing, and Food Assistance)	
Total:					\$108,000.00

### Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*			Yes							
74	Non-Compliance Explanation										
	75 A		75 B		75 C		75 D		75 E		
	Project*		Expenditure Date Range*		Cost or Expenditure Amount*		Cost or Expenditure Category*		Category Description		Delete
Line 1	0				\$00						
Total:					\$00						

## Sub Screen: Award: 202112-10300

54	Sub-Recipient Organization (Awardee)*	IOWA CHILDREN'S MUSEUM-212309110
55	Award Number*	202112-10300
56	Award Payment Method*	Lump Sum Payment(s)
57	Amount of Award *	\$114,000.00
58	Award Date *	03/01/2020
59	Period of Performance Start Date *	03/01/2020
60	Period of Performance End Date *	03/31/2021
61	Primary Place of Performance Address Line 1 *	1451 Coral Ridge Ave
62	Primary Place of Performance Address Line 2	
63	Primary Place of Performance Address Line 3	
64	Primary Place of Performance City Name *	Coralville
65	Primary Place of Performance State Code *	IA
66	Primary Place of Performance Zip+4 *	52241-2800
67	Primary Place of Performance Country Name *	United States
68	Primary Place of Performance Country Code *	USA
69	Primary Place of Performance Congressional District *	2
70	Award Description *	Emergency grant due to COVID-19.

### Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-259-1422 - Iowa Arts and Cultural Recovery Program	\$00	\$114,000.00	\$00	\$114,000.00
Total		\$00	\$114,000.00	\$00	\$114,000.00

### Previous Expenditures (All previous quarters)

	72 A	72 B	72 C	72 D	72 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-259-1422 - Iowa Arts and Cultural Recovery Program	01/01/2021 03/31/2021	\$114,000.00	Economic Support (Other than Small Business, Housing, and Food Assistance)	
Total:					\$114,000.00

### Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*			Yes							
74	Non-Compliance Explanation										
	75 A		75 B		75 C		75 D		75 E		
	Project*		Expenditure Date Range*		Cost or Expenditure Amount*		Cost or Expenditure Category*		Category Description		Delete
Line 1	0				\$00						
Total:					\$00						

## Sub Screen: Award: 202112-10420

54	Sub-Recipient Organization (Awardee)*	IOWA STATE UNIVERSITY-2127444ST
55	Award Number*	202112-10420
56	Award Payment Method*	Lump Sum Payment(s)
57	Amount of Award *	\$118,000.00
58	Award Date *	03/01/2020
59	Period of Performance Start Date *	03/01/2020
60	Period of Performance End Date *	03/31/2021
61	Primary Place of Performance Address Line 1 *	1750 Beardshear Hall
62	Primary Place of Performance Address Line 2	
63	Primary Place of Performance Address Line 3	
64	Primary Place of Performance City Name *	Ames
65	Primary Place of Performance State Code *	IA
66	Primary Place of Performance Zip+4 *	50011-2028
67	Primary Place of Performance Country Name *	United States
68	Primary Place of Performance Country Code *	USA
69	Primary Place of Performance Congressional District *	4
70	Award Description *	Emergency grant due to COVID-19.

### Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-259-1422 - Iowa Arts and Cultural Recovery Program	\$00	\$118,000.00	\$00	\$118,000.00
Total		\$00	\$118,000.00	\$00	\$118,000.00

### Previous Expenditures (All previous quarters)

	72 A	72 B	72 C	72 D	72 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-259-1422 - Iowa Arts and Cultural Recovery Program	01/01/2021 03/31/2021	\$118,000.00	Economic Support (Other than Small Business, Housing, and Food Assistance)	
Total:					\$118,000.00

### Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*			Yes							
74	Non-Compliance Explanation										
	75 A		75 B		75 C		75 D		75 E		
	Project*		Expenditure Date Range*		Cost or Expenditure Amount*		Cost or Expenditure Category*		Category Description		Delete
Line 1	0				\$00						
Total:					\$00						



## Sub Screen: Award: 202112-10347

54	Sub-Recipient Organization (Awardee)*	LIVING HISTORY FARMS-2132398LI
55	Award Number*	202112-10347
56	Award Payment Method*	Lump Sum Payment(s)
57	Amount of Award *	\$92,700.00
58	Award Date *	03/01/2020
59	Period of Performance Start Date *	03/01/2020
60	Period of Performance End Date *	03/31/2021
61	Primary Place of Performance Address Line 1 *	2600 111th St
62	Primary Place of Performance Address Line 2	
63	Primary Place of Performance Address Line 3	
64	Primary Place of Performance City Name *	Urbandale
65	Primary Place of Performance State Code *	IA
66	Primary Place of Performance Zip+4 *	50322-3724
67	Primary Place of Performance Country Name *	United States
68	Primary Place of Performance Country Code *	USA
69	Primary Place of Performance Congressional District *	3
70	Award Description *	Emergency grant due to COVID-19.

### Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-259-1422 - Iowa Arts and Cultural Recovery Program	\$00	\$92,700.00	\$00	\$92,700.00
Total		\$00	\$92,700.00	\$00	\$92,700.00

### Previous Expenditures (All previous quarters)

	72 A	72 B	72 C	72 D	72 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-259-1422 - Iowa Arts and Cultural Recovery Program	01/01/2021 03/31/2021	\$92,700.00	Economic Support (Other than Small Business, Housing, and Food Assistance)	
Total:					\$92,700.00

### Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*			Yes							
74	Non-Compliance Explanation										
	75 A		75 B		75 C		75 D		75 E		
	Project*		Expenditure Date Range*		Cost or Expenditure Amount*		Cost or Expenditure Category*		Category Description		Delete
Line 1	0				\$00						
Total:					\$00						

## Sub Screen: Award: 202112-10238

54	Sub-Recipient Organization (Awardee)*	MIDWEST OLD SETTLERS AND THRESHERS ASSOC-2107953MI
55	Award Number*	202112-10238
56	Award Payment Method*	Lump Sum Payment(s)
57	Amount of Award *	\$76,800.00
58	Award Date *	03/01/2020
59	Period of Performance Start Date *	03/01/2020
60	Period of Performance End Date *	03/31/2021
61	Primary Place of Performance Address Line 1 *	405 E Thresher Rd
62	Primary Place of Performance Address Line 2	
63	Primary Place of Performance Address Line 3	
64	Primary Place of Performance City Name *	Mount Pleasant
65	Primary Place of Performance State Code *	IA
66	Primary Place of Performance Zip+4 *	52641-2584
67	Primary Place of Performance Country Name *	United States
68	Primary Place of Performance Country Code *	USA
69	Primary Place of Performance Congressional District *	2
70	Award Description *	Emergency grant due to COVID-19.

### Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-259-1422 - Iowa Arts and Cultural Recovery Program	\$00	\$76,800.00	\$00	\$76,800.00
Total		\$00	\$76,800.00	\$00	\$76,800.00

### Previous Expenditures (All previous quarters)

	72 A	72 B	72 C	72 D	72 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-259-1422 - Iowa Arts and Cultural Recovery Program	01/01/2021 03/31/2021	\$76,800.00	Economic Support (Other than Small Business, Housing, and Food Assistance)	
Total:					\$76,800.00

### Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*			Yes			
74	Non-Compliance Explanation						
	75 A	75 B		75 C	75 D	75 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:				\$00			

## Sub Screen: Award: 202112-10242

54	Sub-Recipient Organization (Awardee)*	MUSEUM OF DANISH AMERICA-3006510MU
55	Award Number*	202112-10242
56	Award Payment Method*	Lump Sum Payment(s)
57	Amount of Award *	\$79,500.00
58	Award Date *	03/01/2020
59	Period of Performance Start Date *	03/01/2020
60	Period of Performance End Date *	03/31/2021
61	Primary Place of Performance Address Line 1 *	2212 Washington St
62	Primary Place of Performance Address Line 2	
63	Primary Place of Performance Address Line 3	
64	Primary Place of Performance City Name *	Elk Horn
65	Primary Place of Performance State Code *	IA
66	Primary Place of Performance Zip+4 *	51531-2116
67	Primary Place of Performance Country Name *	United States
68	Primary Place of Performance Country Code *	USA
69	Primary Place of Performance Congressional District *	4
70	Award Description *	Emergency grant due to COVID-19.

### Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-259-1422 - Iowa Arts and Cultural Recovery Program	\$00	\$79,500.00	\$00	\$79,500.00
Total		\$00	\$79,500.00	\$00	\$79,500.00

### Previous Expenditures (All previous quarters)

	72 A	72 B	72 C	72 D	72 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-259-1422 - Iowa Arts and Cultural Recovery Program	01/01/2021 03/31/2021	\$79,500.00	Economic Support (Other than Small Business, Housing, and Food Assistance)	
Total:					\$79,500.00

### Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*			Yes							
74	Non-Compliance Explanation										
	75 A		75 B		75 C		75 D		75 E		
	Project*		Expenditure Date Range*		Cost or Expenditure Amount*		Cost or Expenditure Category*		Category Description		Delete
Line 1	0				\$00						
Total:					\$00						

## Sub Screen: Award: 202112-10246

54	Sub-Recipient Organization (Awardee)*	NATIONAL CZECH AND SLOVAK MUSEUM AND LIBRARY-2136720NA
55	Award Number*	202112-10246
56	Award Payment Method*	Lump Sum Payment(s)
57	Amount of Award *	\$84,500.00
58	Award Date *	03/01/2020
59	Period of Performance Start Date *	03/01/2020
60	Period of Performance End Date *	03/31/2021
61	Primary Place of Performance Address Line 1 *	1400 Inspiration Pl SW
62	Primary Place of Performance Address Line 2	
63	Primary Place of Performance Address Line 3	
64	Primary Place of Performance City Name *	Cedar Rapids
65	Primary Place of Performance State Code *	IA
66	Primary Place of Performance Zip+4 *	52404-5918
67	Primary Place of Performance Country Name *	United States
68	Primary Place of Performance Country Code *	USA
69	Primary Place of Performance Congressional District *	1
70	Award Description *	Emergency grant due to COVID-19.

### Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-259-1422 - Iowa Arts and Cultural Recovery Program	\$00	\$84,500.00	\$00	\$84,500.00
Total		\$00	\$84,500.00	\$00	\$84,500.00

### Previous Expenditures (All previous quarters)

	72 A	72 B	72 C	72 D	72 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-259-1422 - Iowa Arts and Cultural Recovery Program	01/01/2021 03/31/2021	\$84,500.00	Economic Support (Other than Small Business, Housing, and Food Assistance)	
Total:					\$84,500.00

### Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*			Yes			
74	Non-Compliance Explanation						
	75 A	75 B		75 C	75 D	75 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:				\$00			

## Sub Screen: Award: 202112-10254

54	Sub-Recipient Organization (Awardee)*	NORTH IOWA AREA COMMUNITY COLLEGE-2109627NO
55	Award Number*	202112-10254
56	Award Payment Method*	Lump Sum Payment(s)
57	Amount of Award *	\$52,700.00
58	Award Date *	03/01/2020
59	Period of Performance Start Date *	03/01/2020
60	Period of Performance End Date *	03/31/2021
61	Primary Place of Performance Address Line 1 *	500 College Dr
62	Primary Place of Performance Address Line 2	
63	Primary Place of Performance Address Line 3	
64	Primary Place of Performance City Name *	Mason City
65	Primary Place of Performance State Code *	IA
66	Primary Place of Performance Zip+4 *	50401-7213
67	Primary Place of Performance Country Name *	United States
68	Primary Place of Performance Country Code *	USA
69	Primary Place of Performance Congressional District *	4
70	Award Description *	Emergency grant due to COVID-19.

### Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-259-1422 - Iowa Arts and Cultural Recovery Program	\$00	\$52,700.00	\$00	\$52,700.00
Total		\$00	\$52,700.00	\$00	\$52,700.00

### Previous Expenditures (All previous quarters)

	72 A	72 B	72 C	72 D	72 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-259-1422 - Iowa Arts and Cultural Recovery Program	01/01/2021 03/31/2021	\$52,700.00	Economic Support (Other than Small Business, Housing, and Food Assistance)	
Total:					\$52,700.00

### Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*			Yes							
74	Non-Compliance Explanation										
	75 A		75 B		75 C		75 D		75 E		
	Project*		Expenditure Date Range*		Cost or Expenditure Amount*		Cost or Expenditure Category*		Category Description		Delete
Line 1	0				\$00						
Total:					\$00						

## Sub Screen: Award: 202112-10227

54	Sub-Recipient Organization (Awardee)*	NORTH IOWA CUTURAL CENTER AND MUSEUM-3045809NO
55	Award Number*	202112-10227
56	Award Payment Method*	Lump Sum Payment(s)
57	Amount of Award *	\$95,200.00
58	Award Date *	03/01/2020
59	Period of Performance Start Date *	03/01/2020
60	Period of Performance End Date *	03/31/2021
61	Primary Place of Performance Address Line 1 *	460 N Shore Dr
62	Primary Place of Performance Address Line 2	
63	Primary Place of Performance Address Line 3	
64	Primary Place of Performance City Name *	Clear Lake
65	Primary Place of Performance State Code *	IA
66	Primary Place of Performance Zip+4 *	50428-1373
67	Primary Place of Performance Country Name *	United States
68	Primary Place of Performance Country Code *	USA
69	Primary Place of Performance Congressional District *	4
70	Award Description *	Emergency grant due to COVID-19.

### Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-259-1422 - Iowa Arts and Cultural Recovery Program	\$00	\$95,200.00	\$00	\$95,200.00
Total		\$00	\$95,200.00	\$00	\$95,200.00

### Previous Expenditures (All previous quarters)

	72 A	72 B	72 C	72 D	72 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-259-1422 - Iowa Arts and Cultural Recovery Program	01/01/2021 03/31/2021	\$95,200.00	Economic Support (Other than Small Business, Housing, and Food Assistance)	
Total:					\$95,200.00

### Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*			Yes							
74	Non-Compliance Explanation										
	75 A		75 B		75 C		75 D		75 E		
	Project*		Expenditure Date Range*		Cost or Expenditure Amount*		Cost or Expenditure Category*		Category Description		Delete
Line 1	0				\$00						
Total:					\$00						

## Sub Screen: Award: 202112-10261

54	Sub-Recipient Organization (Awardee)*	ORPHEUM THEATRE PRESERVATION PROJECT-2118587OR
55	Award Number*	202112-10261
56	Award Payment Method*	Lump Sum Payment(s)
57	Amount of Award *	\$56,600.00
58	Award Date *	03/01/2020
59	Period of Performance Start Date *	03/01/2020
60	Period of Performance End Date *	03/31/2021
61	Primary Place of Performance Address Line 1 *	PO BOX 5074
62	Primary Place of Performance Address Line 2	
63	Primary Place of Performance Address Line 3	
64	Primary Place of Performance City Name *	Sioux City
65	Primary Place of Performance State Code *	IA
66	Primary Place of Performance Zip+4 *	51102-5074
67	Primary Place of Performance Country Name *	United States
68	Primary Place of Performance Country Code *	USA
69	Primary Place of Performance Congressional District *	4
70	Award Description *	Emergency grant due to COVID-19.

### Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-259-1422 - Iowa Arts and Cultural Recovery Program	\$00	\$56,600.00	\$00	\$56,600.00
Total		\$00	\$56,600.00	\$00	\$56,600.00

### Previous Expenditures (All previous quarters)

	72 A	72 B	72 C	72 D	72 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-259-1422 - Iowa Arts and Cultural Recovery Program	01/01/2021 03/31/2021	\$56,600.00	Economic Support (Other than Small Business, Housing, and Food Assistance)	
Total:					\$56,600.00

### Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*			Yes							
74	Non-Compliance Explanation										
	75 A		75 B		75 C		75 D		75 E		
	Project*		Expenditure Date Range*		Cost or Expenditure Amount*		Cost or Expenditure Category*		Category Description		Delete
Line 1	0				\$00						
Total:					\$00						

## Sub Screen: Award: 202112-10417

54	Sub-Recipient Organization (Awardee)*	PEARSON LAKES ART CENTER-2109636PE
55	Award Number*	202112-10417
56	Award Payment Method*	Lump Sum Payment(s)
57	Amount of Award *	\$60,300.00
58	Award Date *	03/01/2020
59	Period of Performance Start Date *	03/01/2020
60	Period of Performance End Date *	03/31/2021
61	Primary Place of Performance Address Line 1 *	PO BOX 255
62	Primary Place of Performance Address Line 2	
63	Primary Place of Performance Address Line 3	
64	Primary Place of Performance City Name *	Okoboji
65	Primary Place of Performance State Code *	IA
66	Primary Place of Performance Zip+4 *	51355-0255
67	Primary Place of Performance Country Name *	United States
68	Primary Place of Performance Country Code *	USA
69	Primary Place of Performance Congressional District *	4
70	Award Description *	Emergency grant due to COVID-19.

### Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-259-1422 - Iowa Arts and Cultural Recovery Program	\$00	\$60,300.00	\$00	\$60,300.00
Total		\$00	\$60,300.00	\$00	\$60,300.00

### Previous Expenditures (All previous quarters)

	72 A	72 B	72 C	72 D	72 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-259-1422 - Iowa Arts and Cultural Recovery Program	01/01/2021 03/31/2021	\$60,300.00	Economic Support (Other than Small Business, Housing, and Food Assistance)	
Total:					\$60,300.00

### Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*			Yes			
74	Non-Compliance Explanation						
	75 A		75 B	75 C	75 D	75 E	
	Project*		Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:				\$00			



## Sub Screen: Award: 202112-10235

54	Sub-Recipient Organization (Awardee)*	PUTNAM MUSEUM-2107254PU
55	Award Number*	202112-10235
56	Award Payment Method*	Lump Sum Payment(s)
57	Amount of Award *	\$175,000.00
58	Award Date *	03/01/2020
59	Period of Performance Start Date *	03/01/2020
60	Period of Performance End Date *	03/31/2021
61	Primary Place of Performance Address Line 1 *	1717 W 12th St
62	Primary Place of Performance Address Line 2	
63	Primary Place of Performance Address Line 3	
64	Primary Place of Performance City Name *	Davenport
65	Primary Place of Performance State Code *	IA
66	Primary Place of Performance Zip+4 *	52804-3547
67	Primary Place of Performance Country Name *	United States
68	Primary Place of Performance Country Code *	USA
69	Primary Place of Performance Congressional District *	2
70	Award Description *	Emergency grant due to COVID-19.

### Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-259-1422 - Iowa Arts and Cultural Recovery Program	\$00	\$175,000.00	\$00	\$175,000.00
Total		\$00	\$175,000.00	\$00	\$175,000.00

### Previous Expenditures (All previous quarters)

	72 A	72 B	72 C	72 D	72 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-259-1422 - Iowa Arts and Cultural Recovery Program	01/01/2021 03/31/2021	\$175,000.00	Economic Support (Other than Small Business, Housing, and Food Assistance)	
Total:					\$175,000.00

### Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*			Yes		
74	Non-Compliance Explanation					
	75 A	75 B		75 C	75 D	75 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description Delete
Line 1	0			\$00		
Total:				\$00		

### Sub Screen: Award: 202112-10273

54	Sub-Recipient Organization (Awardee)*	SALISBURY HOUSE FOUND-2121108SA
55	Award Number*	202112-10273
56	Award Payment Method*	Lump Sum Payment(s)
57	Amount of Award *	\$69,200.00
58	Award Date *	03/01/2020
59	Period of Performance Start Date *	03/01/2020
60	Period of Performance End Date *	03/31/2021
61	Primary Place of Performance Address Line 1 *	4025 Tonawanda Dr
62	Primary Place of Performance Address Line 2	
63	Primary Place of Performance Address Line 3	
64	Primary Place of Performance City Name *	Des Moines
65	Primary Place of Performance State Code *	IA
66	Primary Place of Performance Zip+4 *	50312-2909
67	Primary Place of Performance Country Name *	United States
68	Primary Place of Performance Country Code *	USA
69	Primary Place of Performance Congressional District *	3
70	Award Description *	Emergency grant due to COVID-19.

### Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-259-1422 - Iowa Arts and Cultural Recovery Program	\$00	\$69,200.00	\$00	\$69,200.00
Total		\$00	\$69,200.00	\$00	\$69,200.00

### Previous Expenditures (All previous quarters)

	72 A	72 B	72 C	72 D	72 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-259-1422 - Iowa Arts and Cultural Recovery Program	01/01/2021 03/31/2021	\$69,200.00	Economic Support (Other than Small Business, Housing, and Food Assistance)	
Total:					\$69,200.00

### Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*			Yes							
74	Non-Compliance Explanation										
	75 A		75 B		75 C		75 D		75 E		
	Project*		Expenditure Date Range*		Cost or Expenditure Amount*		Cost or Expenditure Category*		Category Description		Delete
Line 1	0				\$00						
Total:					\$00						

## Sub Screen: Award: 202112-10275

54	Sub-Recipient Organization (Awardee)*	SCIENCE CENTER OF IOWA-2132356SC
55	Award Number*	202112-10275
56	Award Payment Method*	Lump Sum Payment(s)
57	Amount of Award *	\$175,000.00
58	Award Date *	03/01/2020
59	Period of Performance Start Date *	03/01/2020
60	Period of Performance End Date *	03/31/2021
61	Primary Place of Performance Address Line 1 *	401 Martin Luther King Jr Pkwy
62	Primary Place of Performance Address Line 2	
63	Primary Place of Performance Address Line 3	
64	Primary Place of Performance City Name *	Des Moines
65	Primary Place of Performance State Code *	IA
66	Primary Place of Performance Zip+4 *	50309-4776
67	Primary Place of Performance Country Name *	United States
68	Primary Place of Performance Country Code *	USA
69	Primary Place of Performance Congressional District *	3
70	Award Description *	Emergency grant due to COVID-19.

### Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-259-1422 - Iowa Arts and Cultural Recovery Program	\$00	\$175,000.00	\$00	\$175,000.00
Total		\$00	\$175,000.00	\$00	\$175,000.00

### Previous Expenditures (All previous quarters)

	72 A	72 B	72 C	72 D	72 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-259-1422 - Iowa Arts and Cultural Recovery Program	01/01/2021 03/31/2021	\$175,000.00	Economic Support (Other than Small Business, Housing, and Food Assistance)	
Total:					\$175,000.00

### Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*			Yes							
74	Non-Compliance Explanation										
	75 A		75 B		75 C		75 D		75 E		
	Project*		Expenditure Date Range*		Cost or Expenditure Amount*		Cost or Expenditure Category*		Category Description		Delete
Line 1	0				\$00						
Total:					\$00						

## Sub Screen: Award: 202112-10279

54	Sub-Recipient Organization (Awardee)*	SIOUX CITY SYMPHONY ORCHESTRA-2131083SI
55	Award Number*	202112-10279
56	Award Payment Method*	Lump Sum Payment(s)
57	Amount of Award *	\$90,800.00
58	Award Date *	03/01/2020
59	Period of Performance Start Date *	03/01/2020
60	Period of Performance End Date *	03/31/2021
61	Primary Place of Performance Address Line 1 *	520 Pierce St
62	Primary Place of Performance Address Line 2	
63	Primary Place of Performance Address Line 3	
64	Primary Place of Performance City Name *	Sioux City
65	Primary Place of Performance State Code *	IA
66	Primary Place of Performance Zip+4 *	51101-1243
67	Primary Place of Performance Country Name *	United States
68	Primary Place of Performance Country Code *	USA
69	Primary Place of Performance Congressional District *	4
70	Award Description *	Emergency grant due to COVID-19.

### Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-259-1422 - Iowa Arts and Cultural Recovery Program	\$00	\$90,800.00	\$00	\$90,800.00
Total		\$00	\$90,800.00	\$00	\$90,800.00

### Previous Expenditures (All previous quarters)

	72 A	72 B	72 C	72 D	72 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-259-1422 - Iowa Arts and Cultural Recovery Program	01/01/2021 03/31/2021	\$90,800.00	Economic Support (Other than Small Business, Housing, and Food Assistance)	
Total:					\$90,800.00

### Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*			Yes			
74	Non-Compliance Explanation						
	75 A		75 B	75 C	75 D	75 E	
	Project*		Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:				\$00			

## Sub Screen: Award: 202112-10378

54	Sub-Recipient Organization (Awardee)*	UNIVERSITY OF IOWA-2129317UN
55	Award Number*	202112-10378
56	Award Payment Method*	Lump Sum Payment(s)
57	Amount of Award *	\$64,500.00
58	Award Date *	03/01/2020
59	Period of Performance Start Date *	03/01/2020
60	Period of Performance End Date *	03/31/2021
61	Primary Place of Performance Address Line 1 *	105 Jessup Hall
62	Primary Place of Performance Address Line 2	
63	Primary Place of Performance Address Line 3	
64	Primary Place of Performance City Name *	Iowa City
65	Primary Place of Performance State Code *	IA
66	Primary Place of Performance Zip+4 *	52242-1316
67	Primary Place of Performance Country Name *	United States
68	Primary Place of Performance Country Code *	USA
69	Primary Place of Performance Congressional District *	2
70	Award Description *	Emergency grant due to COVID-19.

### Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-259-1422 - Iowa Arts and Cultural Recovery Program	\$00	\$64,500.00	\$00	\$64,500.00
Total		\$00	\$64,500.00	\$00	\$64,500.00

### Previous Expenditures (All previous quarters)

	72 A	72 B	72 C	72 D	72 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-259-1422 - Iowa Arts and Cultural Recovery Program	01/01/2021 03/31/2021	\$64,500.00	Economic Support (Other than Small Business, Housing, and Food Assistance)	
Total:					\$64,500.00

### Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*			Yes							
74	Non-Compliance Explanation										
	75 A		75 B		75 C		75 D		75 E		
	Project*		Expenditure Date Range*		Cost or Expenditure Amount*		Cost or Expenditure Category*		Category Description		Delete
Line 1	0				\$00						
Total:					\$00						

## Sub Screen: Award: 202112-10314

54	Sub-Recipient Organization (Awardee)*	UNIVERSITY OF NORTHERN IOWA-2127837UN
55	Award Number*	202112-10314
56	Award Payment Method*	Lump Sum Payment(s)
57	Amount of Award *	\$97,600.00
58	Award Date *	03/01/2020
59	Period of Performance Start Date *	03/01/2020
60	Period of Performance End Date *	03/31/2021
61	Primary Place of Performance Address Line 1 *	213 East Bartlett
62	Primary Place of Performance Address Line 2	
63	Primary Place of Performance Address Line 3	
64	Primary Place of Performance City Name *	Cedar Falls
65	Primary Place of Performance State Code *	IA
66	Primary Place of Performance Zip+4 *	50614-0001
67	Primary Place of Performance Country Name *	United States
68	Primary Place of Performance Country Code *	USA
69	Primary Place of Performance Congressional District *	1
70	Award Description *	Emergency grant due to COVID-19.

### Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-259-1422 - Iowa Arts and Cultural Recovery Program	\$00	\$97,600.00	\$00	\$97,600.00
Total		\$00	\$97,600.00	\$00	\$97,600.00

### Previous Expenditures (All previous quarters)

	72 A	72 B	72 C	72 D	72 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-259-1422 - Iowa Arts and Cultural Recovery Program	01/01/2021 03/31/2021	\$97,600.00	Economic Support (Other than Small Business, Housing, and Food Assistance)	
Total:					\$97,600.00

### Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*			Yes		
74	Non-Compliance Explanation					
	75 A	75 B	75 C	75 D	75 E	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00		
Total:			\$00			

## Sub Screen: Award: 202112-10319

54	Sub-Recipient Organization (Awardee)*	WATERLOO-CEDAR FALLS SYMPHONY ORCHESTRA-2107909WA
55	Award Number*	202112-10319
56	Award Payment Method*	Lump Sum Payment(s)
57	Amount of Award *	\$55,800.00
58	Award Date *	03/01/2020
59	Period of Performance Start Date *	03/01/2020
60	Period of Performance End Date *	03/31/2021
61	Primary Place of Performance Address Line 1 *	8201 Dakota St Gbpac # 17
62	Primary Place of Performance Address Line 2	
63	Primary Place of Performance Address Line 3	
64	Primary Place of Performance City Name *	Cedar Falls
65	Primary Place of Performance State Code *	IA
66	Primary Place of Performance Zip+4 *	50614-0001
67	Primary Place of Performance Country Name *	United States
68	Primary Place of Performance Country Code *	USA
69	Primary Place of Performance Congressional District *	1
70	Award Description *	Emergency grant due to COVID-19.

### Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-259-1422 - Iowa Arts and Cultural Recovery Program	\$00	\$55,800.00	\$00	\$55,800.00
Total		\$00	\$55,800.00	\$00	\$55,800.00

### Previous Expenditures (All previous quarters)

	72 A	72 B	72 C	72 D	72 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-259-1422 - Iowa Arts and Cultural Recovery Program	01/01/2021 03/31/2021	\$55,800.00	Economic Support (Other than Small Business, Housing, and Food Assistance)	
Total:					\$55,800.00

### Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*			Yes							
74	Non-Compliance Explanation										
	75 A		75 B		75 C		75 D		75 E		
	Project*		Expenditure Date Range*		Cost or Expenditure Amount*		Cost or Expenditure Category*		Category Description		Delete
Line 1	0				\$00						
Total:					\$00						

## Sub Screen: Award: 269-IBAR-1528-1540-1544-148

54	Sub-Recipient Organization (Awardee)*	CARLOS O'KELLY'S INC-0026900CA
55	Award Number*	269-IBAR-1528-1540-1544-148
56	Award Payment Method*	Lump Sum Payment(s)
57	Amount of Award *	\$60,000.00
58	Award Date *	03/23/2021
59	Period of Performance Start Date *	03/23/2021
60	Period of Performance End Date *	03/23/2021
61	Primary Place of Performance Address Line 1 *	527 S Ridge Cir
62	Primary Place of Performance Address Line 2	
63	Primary Place of Performance Address Line 3	
64	Primary Place of Performance City Name *	Wichita
65	Primary Place of Performance State Code *	KS
66	Primary Place of Performance Zip+4 *	67209-2233
67	Primary Place of Performance Country Name *	United States
68	Primary Place of Performance Country Code *	USA
69	Primary Place of Performance Congressional District *	4
70	Award Description *	To provide short-term cash flow assistance to continue operations at multiple Iowa locations, provide increased services and support throughout the COVID-19 pandemic.

### Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-269-0379 - Small Business Relief Grants	\$00	\$60,000.00	\$00	\$60,000.00
Total		\$00	\$60,000.00	\$00	\$60,000.00

### Previous Expenditures (All previous quarters)

	72 A	72 B	72 C	72 D	72 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-269-0379 - Small Business Relief Grants	03/23/2021 03/23/2021	\$60,000.00	Small Business Assistance	
Total:					\$60,000.00

### Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*			Yes			
74	Non-Compliance Explanation						
	75 A	75 B		75 C	75 D	75 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:				\$00			



## Sub Screen: Award: 269-IBAR-598-622

54	Sub-Recipient Organization (Awardee)*	HOA HOTELS LLC-0026900HO
55	Award Number*	269-IBAR-598-622
56	Award Payment Method*	Lump Sum Payment(s)
57	Amount of Award *	\$50,000.00
58	Award Date *	03/11/2021
59	Period of Performance Start Date *	03/11/2021
60	Period of Performance End Date *	03/11/2021
61	Primary Place of Performance Address Line 1 *	1501 River Dr
62	Primary Place of Performance Address Line 2	
63	Primary Place of Performance Address Line 3	
64	Primary Place of Performance City Name *	Moline
65	Primary Place of Performance State Code *	IL
66	Primary Place of Performance Zip+4 *	61265-1307
67	Primary Place of Performance Country Name *	United States
68	Primary Place of Performance Country Code *	USA
69	Primary Place of Performance Congressional District *	17
70	Award Description *	To provide short-term cash flow assistance to continue operations, provide increased services and support throughout the COVID-19 pandemic.

### Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-269-0379 - Small Business Relief Grants	\$00	\$50,000.00	\$00	\$50,000.00
Total		\$00	\$50,000.00	\$00	\$50,000.00

### Previous Expenditures (All previous quarters)

	72 A	72 B	72 C	72 D	72 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-269-0379 - Small Business Relief Grants	03/11/2021 03/11/2021	\$50,000.00	Small Business Assistance	
Total:					\$50,000.00

### Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*			Yes							
74	Non-Compliance Explanation										
	75 A		75 B		75 C		75 D		75 E		
	Project*		Expenditure Date Range*		Cost or Expenditure Amount*		Cost or Expenditure Category*		Category Description		Delete
Line 1	0				\$00						
Total:					\$00						

## Sub Screen: Award: 269-IBAR-474-532-544

54	Sub-Recipient Organization (Awardee)*	JOHNNYS ITALIAN STEAKHOUSE LLC-026900JOH
55	Award Number*	269-IBAR-474-532-544
56	Award Payment Method*	Lump Sum Payment(s)
57	Amount of Award *	\$70,000.00
58	Award Date *	03/11/2021
59	Period of Performance Start Date *	03/11/2021
60	Period of Performance End Date *	03/11/2021
61	Primary Place of Performance Address Line 1 *	1501 River Dr
62	Primary Place of Performance Address Line 2	
63	Primary Place of Performance Address Line 3	
64	Primary Place of Performance City Name *	Moline
65	Primary Place of Performance State Code *	IL
66	Primary Place of Performance Zip+4 *	61265-1307
67	Primary Place of Performance Country Name *	United States
68	Primary Place of Performance Country Code *	USA
69	Primary Place of Performance Congressional District *	17
70	Award Description *	To provide short-term cash flow assistance to continue operations, provide increased services and support throughout the COVID-19 pandemic.

### Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-269-0379 - Small Business Relief Grants	\$00	\$70,000.00	\$00	\$70,000.00
Total		\$00	\$70,000.00	\$00	\$70,000.00

### Previous Expenditures (All previous quarters)

	72 A	72 B	72 C	72 D	72 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-269-0379 - Small Business Relief Grants	03/11/2021 03/11/2021	\$70,000.00	Small Business Assistance	
Total:					\$70,000.00

### Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*			Yes							
74	Non-Compliance Explanation										
	75 A		75 B		75 C		75 D		75 E		
	Project*		Expenditure Date Range*		Cost or Expenditure Amount*		Cost or Expenditure Category*		Category Description		Delete
Line 1	0				\$00						
Total:					\$00						

## Sub Screen: Award: 5832131356202103311

54	Sub-Recipient Organization (Awardee)*	CEDAR RAPIDS CSD-2131363CE
55	Award Number*	5832131356202103311
56	Award Payment Method*	Reimbursable
57	Amount of Award *	\$0.00
58	Award Date *	07/06/2020
59	Period of Performance Start Date *	07/06/2020
60	Period of Performance End Date *	08/20/2021
61	Primary Place of Performance Address Line 1 *	2500 Edgewood Rd NW
62	Primary Place of Performance Address Line 2	
63	Primary Place of Performance Address Line 3	
64	Primary Place of Performance City Name *	Cedar Rapids
65	Primary Place of Performance State Code *	IA
66	Primary Place of Performance Zip+4 *	52405-1015
67	Primary Place of Performance Country Name *	United States
68	Primary Place of Performance Country Code *	USA
69	Primary Place of Performance Congressional District *	1
70	Award Description *	COVID expenses as match to FEMA Public Assistance federal award

### Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-583-0011 - Local FEMA PA Match	\$-83,179.41	\$0.00	\$-83,179.41	\$0.00
Total		\$-83,179.41	\$0.00	\$-83,179.41	\$0.00

### Previous Expenditures (All previous quarters)

	72 A	72 B	72 C	72 D	72 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-583-0011 - Local FEMA PA Match	12/17/2020 02/01/2021	\$121,132.23	Items Not Listed Above	Pass through match
Line 2	IA-583-0011 - Local FEMA PA Match	06/03/2021 06/03/2021	\$-37,952.82	Items Not Listed Above	Pass through match
Total:					\$83,179.41

### Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*			Yes				
74	Non-Compliance Explanation							
	75 A		75 B		75 C	75 D	75 E	
	Project*		Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	IA-583-0011 - Local FEMA PA Match		08/20/2021	08/20/2021	\$-83,179.41	Items Not Listed Above	Pass through match	
Total:					\$-83,179.41			

## Sub Screen: Award: 5832135176202103311

54	Sub-Recipient Organization (Awardee)*	NEBRASKA METHODIST HEALTH SYSTEM-2135176NE
55	Award Number*	5832135176202103311
56	Award Payment Method*	Reimbursable
57	Amount of Award *	\$0.00
58	Award Date *	03/10/2020
59	Period of Performance Start Date *	03/10/2020
60	Period of Performance End Date *	08/20/2021
61	Primary Place of Performance Address Line 1 *	825 S 169th St
62	Primary Place of Performance Address Line 2	
63	Primary Place of Performance Address Line 3	
64	Primary Place of Performance City Name *	Omaha
65	Primary Place of Performance State Code *	NE
66	Primary Place of Performance Zip+4 *	68118-9300
67	Primary Place of Performance Country Name *	United States
68	Primary Place of Performance Country Code *	USA
69	Primary Place of Performance Congressional District *	2
70	Award Description *	COVID expenses as match to FEMA Public Assistance federal award

### Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-583-0011 - Local FEMA PA Match	\$-75,531.38	\$0.00	\$-75,531.38	\$0.00
Total		\$-75,531.38	\$0.00	\$-75,531.38	\$0.00

### Previous Expenditures (All previous quarters)

	72 A	72 B	72 C	72 D	72 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-583-0011 - Local FEMA PA Match	01/22/2021 01/22/2021	\$103,367.29	Items Not Listed Above	Pass through match
Line 2	IA-583-0011 - Local FEMA PA Match	04/14/2021 04/14/2021	\$-27,835.91	Items Not Listed Above	Pass through match
Total:					\$75,531.38

### Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*			Yes							
74	Non-Compliance Explanation										
	75 A		75 B		75 C		75 D		75 E		
	Project*		Expenditure Date Range*		Cost or Expenditure Amount*		Cost or Expenditure Category*		Category Description		Delete
Line 1	IA-583-0011 - Local FEMA PA Match		08/20/2021	08/20/2021	\$-75,531.38		Items Not Listed Above		Pass through match		
Total:					\$-75,531.38						

## Sub Screen: Award: 5832127498202103311

54	Sub-Recipient Organization (Awardee)*	IOWA STATE UNIVERSITY-2127444ST
55	Award Number*	5832127498202103311
56	Award Payment Method*	Reimbursable
57	Amount of Award *	\$0.00
58	Award Date *	04/10/2020
59	Period of Performance Start Date *	04/10/2020
60	Period of Performance End Date *	08/25/2021
61	Primary Place of Performance Address Line 1 *	1350 Beardshear Hall
62	Primary Place of Performance Address Line 2	
63	Primary Place of Performance Address Line 3	
64	Primary Place of Performance City Name *	Ames
65	Primary Place of Performance State Code *	IA
66	Primary Place of Performance Zip+4 *	50011-2025
67	Primary Place of Performance Country Name *	United States
68	Primary Place of Performance Country Code *	USA
69	Primary Place of Performance Congressional District *	4
70	Award Description *	COVID expenses as match to FEMA Public Assistance federal award

### Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-583-0012 - State FEMA PA Match	\$-56,365.58	\$0.00	\$-56,365.58	\$0.00
Total		\$-56,365.58	\$0.00	\$-56,365.58	\$0.00

### Previous Expenditures (All previous quarters)

	72 A	72 B	72 C	72 D	72 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-583-0012 - State FEMA PA Match	01/08/2021 01/08/2021	\$56,365.58	Items Not Listed Above	Pass through match
Total:					\$56,365.58

### Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*			Yes				
74	Non-Compliance Explanation							
	75 A		75 B		75 C	75 D	75 E	
	Project*		Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	IA-583-0012 - State FEMA PA Match		08/25/2021	08/25/2021	\$-56,365.58	Items Not Listed Above	Pass through match	
Total:					\$-56,365.58			

## Sub Screen: Award: 5832129317202103311

54	Sub-Recipient Organization (Awardee)*	UNIVERSITY OF IOWA-2129317UN	
55	Award Number*	5832129317202103311	
56	Award Payment Method*	Reimbursable	
57	Amount of Award *		\$5,128,126.63
58	Award Date *	03/12/2020	
59	Period of Performance Start Date *	03/12/2020	
60	Period of Performance End Date *	09/22/2021	
61	Primary Place of Performance Address Line 1 *	105 Jessup Hall	
62	Primary Place of Performance Address Line 2		
63	Primary Place of Performance Address Line 3		
64	Primary Place of Performance City Name *	Iowa City	
65	Primary Place of Performance State Code *	IA	
66	Primary Place of Performance Zip+4 *	52242-1316	
67	Primary Place of Performance Country Name *	United States	
68	Primary Place of Performance Country Code *	USA	
69	Primary Place of Performance Congressional District *	2	
70	Award Description *	COVID expenses as match to FEMA Public Assistance federal award	

### Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-583-0012 - State FEMA PA Match	\$5,128,126.63	\$5,128,126.63	\$5,128,126.63	\$5,128,126.63
Total		\$5,128,126.63	\$5,128,126.63	\$5,128,126.63	\$5,128,126.63

### Previous Expenditures (All previous quarters)

	72 A	72 B	72 C	72 D	72 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-583-0012 - State FEMA PA Match	01/07/2021 01/07/2021	\$3,390,646.23	Items Not Listed Above	Pass through match
Line 2	IA-583-0012 - State FEMA PA Match	01/07/2021 01/07/2021	\$-3,390,646.23	Items Not Listed Above	Pass through match
Total:					\$0.00

### Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*	Yes				
74	Non-Compliance Explanation					
	75 A	75 B	75 C	75 D	75 E	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	IA-583-0012 - State FEMA PA Match	09/22/2021 09/22/2021	\$5,128,126.63	Items Not Listed Above	Pass through match	
Total:						\$5,128,126.63

## Sub Screen: Award: 394995

54	Sub-Recipient Organization (Awardee)*	Allamakee-Clayton Electric Cooperative, Inc.-2105547AL
55	Award Number*	394995
56	Award Payment Method*	Reimbursable
57	Amount of Award *	\$4,584,200.45
58	Award Date *	04/05/2021
59	Period of Performance Start Date *	04/05/2021
60	Period of Performance End Date *	12/01/2021
61	Primary Place of Performance Address Line 1 *	229 Highway 51
62	Primary Place of Performance Address Line 2	
63	Primary Place of Performance Address Line 3	
64	Primary Place of Performance City Name *	Postville
65	Primary Place of Performance State Code *	IA
66	Primary Place of Performance Zip+4 *	52162-8608
67	Primary Place of Performance Country Name *	United States
68	Primary Place of Performance Country Code *	USA
69	Primary Place of Performance Congressional District *	1
70	Award Description *	To provide broadband services to the vendors area of service.

### Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-185-00BB - Broadband Grants	\$00	\$4,584,200.45	\$00	\$0.00
Total		\$00	\$4,584,200.45	\$00	\$0.00

### Previous Expenditures (All previous quarters)

72 A	72 B	72 C	72 D	72 E
Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Total:				\$00

### Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*			Yes			
74	Non-Compliance Explanation						
	75 A		75 B	75 C	75 D	75 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:				\$00			

## Sub Screen: Award: 396714

54	Sub-Recipient Organization (Awardee)*	Alpine Communications, LC-2122188AL
55	Award Number*	396714
56	Award Payment Method*	Reimbursable
57	Amount of Award *	\$1,298,737.90
58	Award Date *	04/14/2021
59	Period of Performance Start Date *	04/14/2021
60	Period of Performance End Date *	11/30/2021
61	Primary Place of Performance Address Line 1 *	923 Humphrey St
62	Primary Place of Performance Address Line 2	
63	Primary Place of Performance Address Line 3	
64	Primary Place of Performance City Name *	Elkader
65	Primary Place of Performance State Code *	IA
66	Primary Place of Performance Zip+4 *	52043-7738
67	Primary Place of Performance Country Name *	United States
68	Primary Place of Performance Country Code *	USA
69	Primary Place of Performance Congressional District *	1
70	Award Description *	To provide broadband services to the vendors area of service.

### Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-185-00BB - Broadband Grants	\$00	\$1,298,737.90	\$00	\$0.00
Total		\$00	\$1,298,737.90	\$00	\$0.00

### Previous Expenditures (All previous quarters)

72 A	72 B	72 C	72 D	72 E
Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Total:				\$00

### Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*			Yes							
74	Non-Compliance Explanation										
	75 A		75 B		75 C		75 D		75 E		
	Project*		Expenditure Date Range*		Cost or Expenditure Amount*		Cost or Expenditure Category*		Category Description		Delete
Line 1	0				\$00						
Total:					\$00						



## Sub Screen: Award: 395899

54	Sub-Recipient Organization (Awardee)*	BTC INC-3006415BT
55	Award Number*	395899
56	Award Payment Method*	Reimbursable
57	Amount of Award *	\$1,530,621.90
58	Award Date *	04/01/2021
59	Period of Performance Start Date *	04/01/2021
60	Period of Performance End Date *	11/30/2021
61	Primary Place of Performance Address Line 1 *	112 E Main St
62	Primary Place of Performance Address Line 2	
63	Primary Place of Performance Address Line 3	
64	Primary Place of Performance City Name *	Breda
65	Primary Place of Performance State Code *	IA
66	Primary Place of Performance Zip+4 *	51436-8703
67	Primary Place of Performance Country Name *	United States
68	Primary Place of Performance Country Code *	USA
69	Primary Place of Performance Congressional District *	4
70	Award Description *	To provide broadband services to the vendors area of service.

### Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-185-00BB - Broadband Grants	\$00	\$1,530,621.90	\$00	\$0.00
Total		\$00	\$1,530,621.90	\$00	\$0.00

### Previous Expenditures (All previous quarters)

72 A	72 B	72 C	72 D	72 E
Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Total:				\$00

### Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*			Yes							
74	Non-Compliance Explanation										
	75 A		75 B		75 C		75 D		75 E		
	Project*		Expenditure Date Range*		Cost or Expenditure Amount*		Cost or Expenditure Category*		Category Description		Delete
Line 1	0				\$00						
Total:					\$00						

## Sub Screen: Award: 396047

54	Sub-Recipient Organization (Awardee)*	CITIZENS MUTUAL TELEPHONE COOPERATIVE-2105671CI
55	Award Number*	396047
56	Award Payment Method*	Reimbursable
57	Amount of Award *	\$743,550.00
58	Award Date *	04/01/2021
59	Period of Performance Start Date *	04/01/2021
60	Period of Performance End Date *	12/01/2021
61	Primary Place of Performance Address Line 1 *	114 W Jefferson St
62	Primary Place of Performance Address Line 2	
63	Primary Place of Performance Address Line 3	
64	Primary Place of Performance City Name *	Bloomfield
65	Primary Place of Performance State Code *	IA
66	Primary Place of Performance Zip+4 *	52537-1609
67	Primary Place of Performance Country Name *	United States
68	Primary Place of Performance Country Code *	USA
69	Primary Place of Performance Congressional District *	2
70	Award Description *	To provide broadband services to the vendors area of service.

### Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-185-00BB - Broadband Grants	\$00	\$743,550.00	\$00	\$0.00
Total		\$00	\$743,550.00	\$00	\$0.00

### Previous Expenditures (All previous quarters)

72 A	72 B	72 C	72 D	72 E
Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Total:				\$00

### Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*			Yes			
74	Non-Compliance Explanation						
	75 A		75 B	75 C	75 D	75 E	
	Project*		Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:				\$00			

## Sub Screen: Award: 395420

54	Sub-Recipient Organization (Awardee)*	FMTC-I35, INC. DBA OMNITEL COM-2132646FM
55	Award Number*	395420
56	Award Payment Method*	Reimbursable
57	Amount of Award *	\$884,026.84
58	Award Date *	04/14/2021
59	Period of Performance Start Date *	04/14/2021
60	Period of Performance End Date *	12/01/2021
61	Primary Place of Performance Address Line 1 *	608 E Congress St
62	Primary Place of Performance Address Line 2	
63	Primary Place of Performance Address Line 3	
64	Primary Place of Performance City Name *	Nora Springs
65	Primary Place of Performance State Code *	IA
66	Primary Place of Performance Zip+4 *	50458-8634
67	Primary Place of Performance Country Name *	United States
68	Primary Place of Performance Country Code *	USA
69	Primary Place of Performance Congressional District *	4
70	Award Description *	To provide broadband services to the vendors area of service.

### Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-185-00BB - Broadband Grants	\$00	\$884,026.84	\$00	\$0.00
Total		\$00	\$884,026.84	\$00	\$0.00

### Previous Expenditures (All previous quarters)

72 A	72 B	72 C	72 D	72 E
Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Total:				\$00

### Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*			Yes							
74	Non-Compliance Explanation										
	75 A		75 B		75 C		75 D		75 E		
	Project*		Expenditure Date Range*		Cost or Expenditure Amount*		Cost or Expenditure Category*		Category Description		Delete
Line 1	0				\$00						
Total:					\$00						

## Sub Screen: Award: 396486

54	Sub-Recipient Organization (Awardee)*	IAMO COMMUNICATIONS, INC.-2108638IA
55	Award Number*	396486
56	Award Payment Method*	Reimbursable
57	Amount of Award *	\$1,089,150.00
58	Award Date *	04/01/2021
59	Period of Performance Start Date *	04/01/2021
60	Period of Performance End Date *	11/15/2021
61	Primary Place of Performance Address Line 1 *	104 Crook St
62	Primary Place of Performance Address Line 2	P.O. Box 368
63	Primary Place of Performance Address Line 3	
64	Primary Place of Performance City Name *	Coin
65	Primary Place of Performance State Code *	IA
66	Primary Place of Performance Zip+4 *	51636-2039
67	Primary Place of Performance Country Name *	United States
68	Primary Place of Performance Country Code *	USA
69	Primary Place of Performance Congressional District *	3
70	Award Description *	To provide broadband services to the vendors area of service.

### Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-185-00BB - Broadband Grants	\$00	\$1,089,150.00	\$00	\$0.00
Total		\$00	\$1,089,150.00	\$00	\$0.00

### Previous Expenditures (All previous quarters)

72 A	72 B	72 C	72 D	72 E
Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Total:				\$00

### Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*			Yes							
74	Non-Compliance Explanation										
	75 A		75 B		75 C		75 D		75 E		
	Project*		Expenditure Date Range*		Cost or Expenditure Amount*		Cost or Expenditure Category*		Category Description		Delete
Line 1	0				\$00						
Total:					\$00						

## Sub Screen: Award: 395403

54	Sub-Recipient Organization (Awardee)*	INTERSTATE CABLEVISION, LLC DBA OMNITEL COM-2132646IN
55	Award Number*	395403
56	Award Payment Method*	Reimbursable
57	Amount of Award *	\$241,139.69
58	Award Date *	04/16/2021
59	Period of Performance Start Date *	04/16/2021
60	Period of Performance End Date *	12/01/2021
61	Primary Place of Performance Address Line 1 *	608 E Congress St
62	Primary Place of Performance Address Line 2	
63	Primary Place of Performance Address Line 3	
64	Primary Place of Performance City Name *	Nora Springs
65	Primary Place of Performance State Code *	IA
66	Primary Place of Performance Zip+4 *	50458-8634
67	Primary Place of Performance Country Name *	United States
68	Primary Place of Performance Country Code *	USA
69	Primary Place of Performance Congressional District *	4
70	Award Description *	To provide broadband services to the vendors area of service.

### Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-185-00BB - Broadband Grants	\$00	\$241,139.69	\$00	\$0.00
Total		\$00	\$241,139.69	\$00	\$0.00

### Previous Expenditures (All previous quarters)

72 A	72 B	72 C	72 D	72 E
Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Total:				\$00

### Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*			Yes							
74	Non-Compliance Explanation										
	75 A		75 B		75 C		75 D		75 E		
	Project*		Expenditure Date Range*		Cost or Expenditure Amount*		Cost or Expenditure Category*		Category Description		Delete
Line 1	0				\$00						
Total:					\$00						

## Sub Screen: Award: 397331

54	Sub-Recipient Organization (Awardee)*	KALONA CO-OPERATIVE TELEPHONE CO.-3185794KA
55	Award Number*	397331
56	Award Payment Method*	Reimbursable
57	Amount of Award *	\$229,552.37
58	Award Date *	04/26/2021
59	Period of Performance Start Date *	04/26/2021
60	Period of Performance End Date *	11/30/2021
61	Primary Place of Performance Address Line 1 *	510 B Ave
62	Primary Place of Performance Address Line 2	P.O. Box 1208
63	Primary Place of Performance Address Line 3	
64	Primary Place of Performance City Name *	Kalona
65	Primary Place of Performance State Code *	IA
66	Primary Place of Performance Zip+4 *	52247-7720
67	Primary Place of Performance Country Name *	United States
68	Primary Place of Performance Country Code *	USA
69	Primary Place of Performance Congressional District *	2
70	Award Description *	To provide broadband services to the vendors area of service.

### Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-185-00BB - Broadband Grants	\$00	\$229,552.37	\$00	\$0.00
Total		\$00	\$229,552.37	\$00	\$0.00

### Previous Expenditures (All previous quarters)

72 A	72 B	72 C	72 D	72 E
Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Total:				\$00

### Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*			Yes			
74	Non-Compliance Explanation						
	75 A	75 B		75 C	75 D	75 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:				\$00			

## Sub Screen: Award: 397832

54	Sub-Recipient Organization (Awardee)*	LTD BROADBAND, LLC-0008018LT
55	Award Number*	397832
56	Award Payment Method*	Reimbursable
57	Amount of Award *	\$181,568.25
58	Award Date *	04/26/2021
59	Period of Performance Start Date *	04/26/2021
60	Period of Performance End Date *	12/01/2021
61	Primary Place of Performance Address Line 1 *	2435 Prairie St
62	Primary Place of Performance Address Line 2	
63	Primary Place of Performance Address Line 3	
64	Primary Place of Performance City Name *	Gering
65	Primary Place of Performance State Code *	NE
66	Primary Place of Performance Zip+4 *	69341-1592
67	Primary Place of Performance Country Name *	United States
68	Primary Place of Performance Country Code *	USA
69	Primary Place of Performance Congressional District *	3
70	Award Description *	To provide broadband services to the vendors area of service.

### Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-185-00BB - Broadband Grants	\$00	\$181,568.25	\$00	\$0.00
Total		\$00	\$181,568.25	\$00	\$0.00

### Previous Expenditures (All previous quarters)

72 A	72 B	72 C	72 D	72 E
Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Total:				\$00

### Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*			Yes							
74	Non-Compliance Explanation										
	75 A		75 B		75 C		75 D		75 E		
	Project*		Expenditure Date Range*		Cost or Expenditure Amount*		Cost or Expenditure Category*		Category Description		Delete
Line 1	0				\$00						
Total:					\$00						

## Sub Screen: Award: 395852

54	Sub-Recipient Organization (Awardee)*	MEDIAPOLIS TELEPHONE COMPANY-3181412ME
55	Award Number*	395852
56	Award Payment Method*	Reimbursable
57	Amount of Award *	\$725,475.00
58	Award Date *	04/16/2021
59	Period of Performance Start Date *	04/16/2021
60	Period of Performance End Date *	12/01/2021
61	Primary Place of Performance Address Line 1 *	652 Main St
62	Primary Place of Performance Address Line 2	
63	Primary Place of Performance Address Line 3	
64	Primary Place of Performance City Name *	Mediapolis
65	Primary Place of Performance State Code *	IA
66	Primary Place of Performance Zip+4 *	52637-7731
67	Primary Place of Performance Country Name *	United States
68	Primary Place of Performance Country Code *	USA
69	Primary Place of Performance Congressional District *	2
70	Award Description *	To provide broadband services to the vendors area of service.

### Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-185-00BB - Broadband Grants	\$00	\$725,475.00	\$00	\$0.00
Total		\$00	\$725,475.00	\$00	\$0.00

### Previous Expenditures (All previous quarters)

72 A	72 B	72 C	72 D	72 E
Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Total:				\$00

### Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*			Yes							
74	Non-Compliance Explanation										
	75 A		75 B		75 C		75 D		75 E		
	Project*		Expenditure Date Range*		Cost or Expenditure Amount*		Cost or Expenditure Category*		Category Description		Delete
Line 1	0				\$00						
Total:					\$00						



### Sub Screen: Award: 397325

54	Sub-Recipient Organization (Awardee)*	SHELLBURG CABLEVISION, INC. DBA USA COM-3184322SH
55	Award Number*	397325
56	Award Payment Method*	Reimbursable
57	Amount of Award *	\$1,690,425.00
58	Award Date *	04/14/2021
59	Period of Performance Start Date *	04/14/2021
60	Period of Performance End Date *	12/01/2021
61	Primary Place of Performance Address Line 1 *	124 Main St SW
62	Primary Place of Performance Address Line 2	
63	Primary Place of Performance Address Line 3	
64	Primary Place of Performance City Name *	Shellsburg
65	Primary Place of Performance State Code *	IA
66	Primary Place of Performance Zip+4 *	52332-9727
67	Primary Place of Performance Country Name *	United States
68	Primary Place of Performance Country Code *	USA
69	Primary Place of Performance Congressional District *	1
70	Award Description *	To provide broadband services to the vendors area of service.

### Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-185-00BB - Broadband Grants	\$00	\$1,690,425.00	\$00	\$0.00
Total		\$00	\$1,690,425.00	\$00	\$0.00

### Previous Expenditures (All previous quarters)

72 A	72 B	72 C	72 D	72 E
Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Total:				\$00

### Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*			Yes		
74	Non-Compliance Explanation					
	75 A		75 B	75 C	75 D	75 E
	Project*		Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description>Delete
Line 1	0			\$00		
Total:				\$00		

## Sub Screen: Award: 395299

54	Sub-Recipient Organization (Awardee)*	South Slope Telephone Company-2108250SO
55	Award Number*	395299
56	Award Payment Method*	Reimbursable
57	Amount of Award *	\$140,500.00
58	Award Date *	04/16/2021
59	Period of Performance Start Date *	04/16/2021
60	Period of Performance End Date *	12/01/2021
61	Primary Place of Performance Address Line 1 *	980 N Front St
62	Primary Place of Performance Address Line 2	
63	Primary Place of Performance Address Line 3	
64	Primary Place of Performance City Name *	North Liberty
65	Primary Place of Performance State Code *	IA
66	Primary Place of Performance Zip+4 *	52317-9005
67	Primary Place of Performance Country Name *	United States
68	Primary Place of Performance Country Code *	USA
69	Primary Place of Performance Congressional District *	2
70	Award Description *	To provide broadband services to the vendors area of service.

### Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-185-00BB - Broadband Grants	\$00	\$140,500.00	\$00	\$0.00
Total		\$00	\$140,500.00	\$00	\$0.00

### Previous Expenditures (All previous quarters)

72 A	72 B	72 C	72 D	72 E
Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Total:				\$00

### Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*			Yes							
74	Non-Compliance Explanation										
	75 A		75 B		75 C		75 D		75 E		
	Project*		Expenditure Date Range*		Cost or Expenditure Amount*		Cost or Expenditure Category*		Category Description		Delete
Line 1	0				\$00						
Total:					\$00						

### Sub Screen: Award: 396993

54	Sub-Recipient Organization (Awardee)*	SPRING GROVE COMMUNICATIONS-3185690SP	
55	Award Number*	396993	
56	Award Payment Method*	Reimbursable	
57	Amount of Award *		\$592,279.60
58	Award Date *	04/05/2021	
59	Period of Performance Start Date *	04/05/2021	
60	Period of Performance End Date *	11/30/2021	
61	Primary Place of Performance Address Line 1 *	166 W Main St	
62	Primary Place of Performance Address Line 2		
63	Primary Place of Performance Address Line 3		
64	Primary Place of Performance City Name *	Spring Grove	
65	Primary Place of Performance State Code *	MN	
66	Primary Place of Performance Zip+4 *	55974-1444	
67	Primary Place of Performance Country Name *	United States	
68	Primary Place of Performance Country Code *	USA	
69	Primary Place of Performance Congressional District *	1	
70	Award Description *	To provide broadband services to the vendors area of service.	

### Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-185-00BB - Broadband Grants	\$00	\$592,279.60	\$00	\$0.00
Total		\$00	\$592,279.60	\$00	\$0.00

### Previous Expenditures (All previous quarters)

72 A	72 B	72 C	72 D	72 E
Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Total:				\$00

### Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*		Yes			
74	Non-Compliance Explanation					
	75 A	75 B	75 C	75 D	75 E	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0		\$00			
Total:						\$00

## Sub Screen: Award: 395739

54	Sub-Recipient Organization (Awardee)*	STRATFORD MUTUAL TELEPHONE COMPANY-2106541ST	
55	Award Number*	395739	
56	Award Payment Method*	Reimbursable	
57	Amount of Award *		\$1,521,075.00
58	Award Date *	04/14/2021	
59	Period of Performance Start Date *	04/14/2021	
60	Period of Performance End Date *	12/01/2021	
61	Primary Place of Performance Address Line 1 *	1001 Tennyson Ave	
62	Primary Place of Performance Address Line 2		
63	Primary Place of Performance Address Line 3		
64	Primary Place of Performance City Name *	Stratford	
65	Primary Place of Performance State Code *	IA	
66	Primary Place of Performance Zip+4 *	50249-7725	
67	Primary Place of Performance Country Name *	United States	
68	Primary Place of Performance Country Code *	USA	
69	Primary Place of Performance Congressional District *	4	
70	Award Description *	To provide broadband services to the vendors area of service.	

### Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-185-00BB - Broadband Grants	\$00	\$1,521,075.00	\$00	\$0.00
Total		\$00	\$1,521,075.00	\$00	\$0.00

### Previous Expenditures (All previous quarters)

72 A	72 B	72 C	72 D	72 E
Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Total:				\$00

### Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*		Yes			
74	Non-Compliance Explanation					
	75 A	75 B	75 C	75 D	75 E	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0		\$00			
Total:						\$00

## Sub Screen: Award: 269-0060-010X- 3190963

54	Sub-Recipient Organization (Awardee)*	BOWLERAMA INC-3190963BO
55	Award Number*	269-0060-010X- 3190963
56	Award Payment Method*	Lump Sum Payment(s)
57	Amount of Award *	\$56,000.00
58	Award Date *	08/17/2021
59	Period of Performance Start Date *	08/24/2021
60	Period of Performance End Date *	08/24/2021
61	Primary Place of Performance Address Line 1 *	1313 E Diehl Ave
62	Primary Place of Performance Address Line 2	
63	Primary Place of Performance Address Line 3	
64	Primary Place of Performance City Name *	Des Moines
65	Primary Place of Performance State Code *	IA
66	Primary Place of Performance Zip+4 *	50315-5320
67	Primary Place of Performance Country Name *	United States
68	Primary Place of Performance Country Code *	USA
69	Primary Place of Performance Congressional District *	3
70	Award Description *	To provide short-term cash flow assistance to continue operations, provide increased services and support throughout the COVID-19 pandemic.

### Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-269-0379 - Small Business Relief Grants	\$56,000.00	\$56,000.00	\$56,000.00	\$56,000.00
Total		\$56,000.00	\$56,000.00	\$56,000.00	\$56,000.00

### Previous Expenditures (All previous quarters)

	72 A	72 B	72 C	72 D	72 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$00		
Total:					\$00

### Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*			Yes		
74	Non-Compliance Explanation					
	75 A	75 B		75 C	75 D	75 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category DescriptionDelete
Line 1	IA-269-0379 - Small Business Relief Grants	08/24/2021	08/24/2021	\$56,000.00	Small Business Assistance	
Total:				\$56,000.00		

## Sub Screen: Award: 269-0060-010X- 3113167

54	Sub-Recipient Organization (Awardee)*	KIMBERLY ENTERTAINMENT LLC-3113167KI
55	Award Number*	269-0060-010X- 3113167
56	Award Payment Method*	Lump Sum Payment(s)
57	Amount of Award *	\$96,000.00
58	Award Date *	08/17/2021
59	Period of Performance Start Date *	08/24/2021
60	Period of Performance End Date *	08/24/2021
61	Primary Place of Performance Address Line 1 *	2902 E Kimberly Rd
62	Primary Place of Performance Address Line 2	
63	Primary Place of Performance Address Line 3	
64	Primary Place of Performance City Name *	Davenport
65	Primary Place of Performance State Code *	IA
66	Primary Place of Performance Zip+4 *	52807-2365
67	Primary Place of Performance Country Name *	United States
68	Primary Place of Performance Country Code *	USA
69	Primary Place of Performance Congressional District *	2
70	Award Description *	To provide short-term cash flow assistance to continue operations, provide increased services and support throughout the COVID-19 pandemic.

### Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-269-0379 - Small Business Relief Grants	\$96,000.00	\$96,000.00	\$96,000.00	\$96,000.00
Total		\$96,000.00	\$96,000.00	\$96,000.00	\$96,000.00

### Previous Expenditures (All previous quarters)

	72 A	72 B	72 C	72 D	72 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$00		
Total:					\$00

### Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*			Yes		
74	Non-Compliance Explanation					
	75 A	75 B		75 C	75 D	75 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category DescriptionDelete
Line 1	IA-269-0379 - Small Business Relief Grants	08/24/2021	08/24/2021	\$96,000.00	Small Business Assistance	
Total:				\$96,000.00		

### Sub Screen: Award: 269-0060-010X 3190916

54	Sub-Recipient Organization (Awardee)*	ROSEBROS LLC-3190916RO
55	Award Number*	269-0060-010X 3190916
56	Award Payment Method*	Lump Sum Payment(s)
57	Amount of Award *	\$96,000.00
58	Award Date *	08/17/2021
59	Period of Performance Start Date *	08/24/2021
60	Period of Performance End Date *	08/24/2021
61	Primary Place of Performance Address Line 1 *	1411 Grandview Ave
62	Primary Place of Performance Address Line 2	
63	Primary Place of Performance Address Line 3	
64	Primary Place of Performance City Name *	Muscatine
65	Primary Place of Performance State Code *	IA
66	Primary Place of Performance Zip+4 *	52761-1554
67	Primary Place of Performance Country Name *	United States
68	Primary Place of Performance Country Code *	USA
69	Primary Place of Performance Congressional District *	2
70	Award Description *	To provide short-term cash flow assistance to continue operations, provide increased services and support throughout the COVID-19 pandemic.

### Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-269-0379 - Small Business Relief Grants	\$96,000.00	\$96,000.00	\$96,000.00	\$96,000.00
Total		\$96,000.00	\$96,000.00	\$96,000.00	\$96,000.00

### Previous Expenditures (All previous quarters)

	72 A	72 B	72 C	72 D	72 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$00		
Total:					\$00

### Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*			Yes		
74	Non-Compliance Explanation					
	75 A	75 B		75 C	75 D	75 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description Delete
Line 1	IA-269-0379 - Small Business Relief Grants	08/24/2021	08/24/2021	\$96,000.00	Small Business Assistance	
Total:				\$96,000.00		

## Sub Screen: Award: 269-0060-010X- 3190929

54	Sub-Recipient Organization (Awardee)*	SSCD LLC-3190929SS
55	Award Number*	269-0060-010X- 3190929
56	Award Payment Method*	Lump Sum Payment(s)
57	Amount of Award *	\$64,000.00
58	Award Date *	08/17/2021
59	Period of Performance Start Date *	08/24/2021
60	Period of Performance End Date *	08/24/2021
61	Primary Place of Performance Address Line 1 *	1900 Madison Ave
62	Primary Place of Performance Address Line 2	
63	Primary Place of Performance Address Line 3	
64	Primary Place of Performance City Name *	Council Bluffs
65	Primary Place of Performance State Code *	IA
66	Primary Place of Performance Zip+4 *	51503-5250
67	Primary Place of Performance Country Name *	United States
68	Primary Place of Performance Country Code *	USA
69	Primary Place of Performance Congressional District *	3
70	Award Description *	To provide short-term cash flow assistance to continue operations, provide increased services and support throughout the COVID-19 pandemic.

### Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-269-0379 - Small Business Relief Grants	\$64,000.00	\$64,000.00	\$64,000.00	\$64,000.00
Total		\$64,000.00	\$64,000.00	\$64,000.00	\$64,000.00

### Previous Expenditures (All previous quarters)

	72 A	72 B	72 C	72 D	72 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$00		
Total:					\$00

### Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*			Yes		
74	Non-Compliance Explanation					
	75 A	75 B		75 C	75 D	75 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category DescriptionDelete
Line 1	IA-269-0379 - Small Business Relief Grants	08/24/2021	08/24/2021	\$64,000.00	Small Business Assistance	
Total:				\$64,000.00		



## Sub Screen: Award: 269-0060-010X- 3007118

54	Sub-Recipient Organization (Awardee)*	T-BOWL INVESTMENTS INC-3007118TB
55	Award Number*	269-0060-010X- 3007118
56	Award Payment Method*	Lump Sum Payment(s)
57	Amount of Award *	\$72,000.00
58	Award Date *	08/17/2021
59	Period of Performance Start Date *	08/24/2021
60	Period of Performance End Date *	08/24/2021
61	Primary Place of Performance Address Line 1 *	100 Ashworth Rd
62	Primary Place of Performance Address Line 2	
63	Primary Place of Performance Address Line 3	
64	Primary Place of Performance City Name *	West Des Moines
65	Primary Place of Performance State Code *	IA
66	Primary Place of Performance Zip+4 *	50265-3735
67	Primary Place of Performance Country Name *	United States
68	Primary Place of Performance Country Code *	USA
69	Primary Place of Performance Congressional District *	3
70	Award Description *	To provide short-term cash flow assistance to continue operations, provide increased services and support throughout the COVID-19 pandemic.

### Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-269-0379 - Small Business Relief Grants	\$72,000.00	\$72,000.00	\$72,000.00	\$72,000.00
Total		\$72,000.00	\$72,000.00	\$72,000.00	\$72,000.00

### Previous Expenditures (All previous quarters)

	72 A	72 B	72 C	72 D	72 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$00		
Total:					\$00

### Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*			Yes		
74	Non-Compliance Explanation					
	75 A	75 B		75 C	75 D	75 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category DescriptionDelete
Line 1	IA-269-0379 - Small Business Relief Grants	08/24/2021	08/24/2021	\$72,000.00	Small Business Assistance	
Total:				\$72,000.00		

## Sub Screen: Award: 269-0060-010X- 3190970

54	Sub-Recipient Organization (Awardee)*	THE BETTPLEX-3190970BE	
55	Award Number*	269-0060-010X- 3190970	
56	Award Payment Method*	Reimbursable	
57	Amount of Award *		\$64,000.00
58	Award Date *	08/17/2021	
59	Period of Performance Start Date *	08/24/2021	
60	Period of Performance End Date *	08/24/2021	
61	Primary Place of Performance Address Line 1 *	4850 Competition Dr	
62	Primary Place of Performance Address Line 2		
63	Primary Place of Performance Address Line 3		
64	Primary Place of Performance City Name *	Bettendorf	
65	Primary Place of Performance State Code *	IA	
66	Primary Place of Performance Zip+4 *	52722	
67	Primary Place of Performance Country Name *	United States	
68	Primary Place of Performance Country Code *	USA	
69	Primary Place of Performance Congressional District *		
70	Award Description *	To provide short-term cash flow assistance to continue operations, provide increased services and support throughout the COVID-19 pandemic.	

### Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-269-0379 - Small Business Relief Grants	\$64,000.00	\$64,000.00	\$64,000.00	\$64,000.00
Total		\$64,000.00	\$64,000.00	\$64,000.00	\$64,000.00

### Previous Expenditures (All previous quarters)

	72 A	72 B	72 C	72 D	72 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$00		
Total:					\$00

### Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*		Yes			
74	Non-Compliance Explanation					
	75 A	75 B	75 C	75 D	75 E	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	IA-269-0379 - Small Business Relief Grants	08/24/2021 08/24/2021	\$64,000.00	Small Business Assistance		
Total:						\$64,000.00

## Sub Screen: Award: 269-0060-010X- 3190897

54	Sub-Recipient Organization (Awardee)*	TRCKA ENTERTAINMENTS INC-3190897TR
55	Award Number*	269-0060-010X- 3190897
56	Award Payment Method*	Lump Sum Payment(s)
57	Amount of Award *	\$64,000.00
58	Award Date *	08/17/2021
59	Period of Performance Start Date *	08/24/2021
60	Period of Performance End Date *	08/24/2021
61	Primary Place of Performance Address Line 1 *	1648 Trent St SW
62	Primary Place of Performance Address Line 2	
63	Primary Place of Performance Address Line 3	
64	Primary Place of Performance City Name *	Cedar Rapids
65	Primary Place of Performance State Code *	IA
66	Primary Place of Performance Zip+4 *	52404-1433
67	Primary Place of Performance Country Name *	United States
68	Primary Place of Performance Country Code *	USA
69	Primary Place of Performance Congressional District *	1
70	Award Description *	To provide short-term cash flow assistance to continue operations, provide increased services and support throughout the COVID-19 pandemic.

### Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-269-0379 - Small Business Relief Grants	\$64,000.00	\$64,000.00	\$64,000.00	\$64,000.00
Total		\$64,000.00	\$64,000.00	\$64,000.00	\$64,000.00

### Previous Expenditures (All previous quarters)

	72 A	72 B	72 C	72 D	72 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$00		
Total:					\$00

### Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*			Yes		
74	Non-Compliance Explanation					
	75 A	75 B		75 C	75 D	75 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description Delete
Line 1	IA-269-0379 - Small Business Relief Grants	08/24/2021	08/24/2021	\$64,000.00	Small Business Assistance	
Total:				\$64,000.00		

## Sub Screen: Award: 269-0061-010X- 3043994

54	Sub-Recipient Organization (Awardee)*	CIT CHARTERS INC-3043994CI
55	Award Number*	269-0061-010X- 3043994
56	Award Payment Method*	Lump Sum Payment(s)
57	Amount of Award *	\$170,000.00
58	Award Date *	08/30/2021
59	Period of Performance Start Date *	09/03/2021
60	Period of Performance End Date *	09/03/2021
61	Primary Place of Performance Address Line 1 *	PO BOX 643
62	Primary Place of Performance Address Line 2	
63	Primary Place of Performance Address Line 3	
64	Primary Place of Performance City Name *	Ames
65	Primary Place of Performance State Code *	IA
66	Primary Place of Performance Zip+4 *	50010-0643
67	Primary Place of Performance Country Name *	United States
68	Primary Place of Performance Country Code *	USA
69	Primary Place of Performance Congressional District *	4
70	Award Description *	To provide short-term cash flow assistance to continue operations, provide increased services and support throughout the COVID-19 pandemic.

### Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-269-0379 - Small Business Relief Grants	\$170,000.00	\$170,000.00	\$170,000.00	\$170,000.00
Total		\$170,000.00	\$170,000.00	\$170,000.00	\$170,000.00

### Previous Expenditures (All previous quarters)

	72 A	72 B	72 C	72 D	72 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$00		
Total:					\$00

### Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*			Yes		
74	Non-Compliance Explanation					
	75 A	75 B		75 C	75 D	75 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category DescriptionDelete
Line 1	IA-269-0379 - Small Business Relief Grants	09/03/2021	09/03/2021	\$170,000.00	Economic Support (Other than Small Business, Housing, and Food Assistance)	
Total:				\$170,000.00		

## Sub Screen: Award: 269-0061-010X- 2108128

54	Sub-Recipient Organization (Awardee)*	HAWKEYE STAGES INC-2108128HA
55	Award Number*	269-0061-010X- 2108128
56	Award Payment Method*	Lump Sum Payment(s)
57	Amount of Award *	\$200,000.00
58	Award Date *	09/15/2021
59	Period of Performance Start Date *	09/17/2021
60	Period of Performance End Date *	09/17/2021
61	Primary Place of Performance Address Line 1 *	703 Dudley St
62	Primary Place of Performance Address Line 2	
63	Primary Place of Performance Address Line 3	
64	Primary Place of Performance City Name *	Decorah
65	Primary Place of Performance State Code *	IA
66	Primary Place of Performance Zip+4 *	52101-2438
67	Primary Place of Performance Country Name *	United States
68	Primary Place of Performance Country Code *	USA
69	Primary Place of Performance Congressional District *	1
70	Award Description *	To provide short-term cash flow assistance to continue operations, provide increased services and support throughout the COVID-19 pandemic.

### Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-269-0379 - Small Business Relief Grants	\$200,000.00	\$200,000.00	\$200,000.00	\$200,000.00
Total		\$200,000.00	\$200,000.00	\$200,000.00	\$200,000.00

### Previous Expenditures (All previous quarters)

	72 A	72 B	72 C	72 D	72 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$00		
Total:					\$00

### Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*			Yes			
74	Non-Compliance Explanation						
	75 A	75 B		75 C	75 D	75 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	IA-269-0379 - Small Business Relief Grants	09/17/2021	09/17/2021	\$200,000.00	Economic Support (Other than Small Business, Housing, and Food Assistance)		
Total:				\$200,000.00			

## Sub Screen: Award: 269-0061-010X- 3006161

54	Sub-Recipient Organization (Awardee)*	WS LINES INC-3006161WS
55	Award Number*	269-0061-010X- 3006161
56	Award Payment Method*	Lump Sum Payment(s)
57	Amount of Award *	\$480,000.00
58	Award Date *	08/30/2021
59	Period of Performance Start Date *	09/03/2021
60	Period of Performance End Date *	09/03/2021
61	Primary Place of Performance Address Line 1 *	PO BOX 786
62	Primary Place of Performance Address Line 2	
63	Primary Place of Performance Address Line 3	
64	Primary Place of Performance City Name *	Carroll
65	Primary Place of Performance State Code *	IA
66	Primary Place of Performance Zip+4 *	51401-0786
67	Primary Place of Performance Country Name *	United States
68	Primary Place of Performance Country Code *	USA
69	Primary Place of Performance Congressional District *	4
70	Award Description *	To provide short-term cash flow assistance to continue operations, provide increased services and support throughout the COVID-19 pandemic.

### Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-269-0379 - Small Business Relief Grants	\$480,000.00	\$480,000.00	\$480,000.00	\$480,000.00
Total		\$480,000.00	\$480,000.00	\$480,000.00	\$480,000.00

### Previous Expenditures (All previous quarters)

	72 A	72 B	72 C	72 D	72 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$00		
Total:					\$00

### Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*			Yes		
74	Non-Compliance Explanation					
	75 A	75 B		75 C	75 D	75 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category DescriptionDelete
Line 1	IA-269-0379 - Small Business Relief Grants	09/03/2021	09/03/2021	\$480,000.00	Economic Support (Other than Small Business, Housing, and Food Assistance)	
Total:				\$480,000.00		

## Sub Screen: Award: 269-0062-010X- 3026006

54	Sub-Recipient Organization (Awardee)*	BURLINGTON BASEBALL ASSOCIATION-3026006BU
55	Award Number*	269-0062-010X- 3026006
56	Award Payment Method*	Lump Sum Payment(s)
57	Amount of Award *	\$500,000.00
58	Award Date *	09/13/2021
59	Period of Performance Start Date *	09/17/2021
60	Period of Performance End Date *	09/17/2021
61	Primary Place of Performance Address Line 1 *	PO BOX 824
62	Primary Place of Performance Address Line 2	
63	Primary Place of Performance Address Line 3	
64	Primary Place of Performance City Name *	Burlington
65	Primary Place of Performance State Code *	IA
66	Primary Place of Performance Zip+4 *	52601-0824
67	Primary Place of Performance Country Name *	United States
68	Primary Place of Performance Country Code *	USA
69	Primary Place of Performance Congressional District *	2
70	Award Description *	To provide short-term cash flow assistance to continue operations, provide increased services and support throughout the COVID-19 pandemic.

### Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-269-0379 - Small Business Relief Grants	\$500,000.00	\$500,000.00	\$500,000.00	\$500,000.00
Total		\$500,000.00	\$500,000.00	\$500,000.00	\$500,000.00

### Previous Expenditures (All previous quarters)

	72 A	72 B	72 C	72 D	72 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$00		
Total:					\$00

### Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*			Yes		
74	Non-Compliance Explanation					
	75 A	75 B		75 C	75 D	75 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description>Delete
Line 1	IA-269-0379 - Small Business Relief Grants	09/17/2021	09/17/2021	\$500,000.00	Economic Support (Other than Small Business, Housing, and Food Assistance)	
Total:				\$500,000.00		

## Sub Screen: Award: 269-0062-010X- 3025557

54	Sub-Recipient Organization (Awardee)*	CEDAR RAPIDS BALL CLUB-3025557CE
55	Award Number*	269-0062-010X- 3025557
56	Award Payment Method*	Lump Sum Payment(s)
57	Amount of Award *	\$500,000.00
58	Award Date *	09/13/2021
59	Period of Performance Start Date *	09/17/2021
60	Period of Performance End Date *	09/17/2021
61	Primary Place of Performance Address Line 1 *	PO BOX 2001
62	Primary Place of Performance Address Line 2	
63	Primary Place of Performance Address Line 3	
64	Primary Place of Performance City Name *	Cedar Rapids
65	Primary Place of Performance State Code *	IA
66	Primary Place of Performance Zip+4 *	52406-2001
67	Primary Place of Performance Country Name *	United States
68	Primary Place of Performance Country Code *	USA
69	Primary Place of Performance Congressional District *	1
70	Award Description *	To provide short-term cash flow assistance to continue operations, provide increased services and support throughout the COVID-19 pandemic.

### Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-269-0379 - Small Business Relief Grants	\$500,000.00	\$500,000.00	\$500,000.00	\$500,000.00
Total		\$500,000.00	\$500,000.00	\$500,000.00	\$500,000.00

### Previous Expenditures (All previous quarters)

	72 A	72 B	72 C	72 D	72 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$00		
Total:					\$00

### Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*			Yes		
74	Non-Compliance Explanation					
	75 A	75 B		75 C	75 D	75 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category DescriptionDelete
Line 1	IA-269-0379 - Small Business Relief Grants	09/17/2021	09/17/2021	\$500,000.00	Economic Support (Other than Small Business, Housing, and Food Assistance)	
Total:				\$500,000.00		



## Sub Screen: Award: 269-0062-010X- 2114748

54	Sub-Recipient Organization (Awardee)*	GREATER DM BASEBALL CO-2114748GR	
55	Award Number*	269-0062-010X- 2114748	
56	Award Payment Method*	Lump Sum Payment(s)	
57	Amount of Award *		\$500,000.00
58	Award Date *	09/13/2021	
59	Period of Performance Start Date *	09/17/2021	
60	Period of Performance End Date *	09/17/2021	
61	Primary Place of Performance Address Line 1 *	1 Line Dr	
62	Primary Place of Performance Address Line 2		
63	Primary Place of Performance Address Line 3		
64	Primary Place of Performance City Name *	Des Moines	
65	Primary Place of Performance State Code *	IA	
66	Primary Place of Performance Zip+4 *	50309-4640	
67	Primary Place of Performance Country Name *	United States	
68	Primary Place of Performance Country Code *	USA	
69	Primary Place of Performance Congressional District *		
70	Award Description *	To provide short-term cash flow assistance to continue operations, provide increased services and support throughout the COVID-19 pandemic.	

### Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-269-0379 - Small Business Relief Grants	\$500,000.00	\$500,000.00	\$500,000.00	\$500,000.00
Total		\$500,000.00	\$500,000.00	\$500,000.00	\$500,000.00

### Previous Expenditures (All previous quarters)

	72 A	72 B	72 C	72 D	72 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$00		
Total:					\$00

### Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*		Yes			
74	Non-Compliance Explanation					
	75 A	75 B	75 C	75 D	75 E	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	IA-269-0379 - Small Business Relief Grants	09/17/2021 09/17/2021	\$500,000.00	Economic Support (Other than Small Business, Housing, and Food Assistance)		
Total:						\$500,000.00

## Sub Screen: Award: 269-0062-010X- 3012619

54	Sub-Recipient Organization (Awardee)*	MAIN STREET IOWA LLC-3012619MA	
55	Award Number*	269-0062-010X- 3012619	
56	Award Payment Method*	Lump Sum Payment(s)	
57	Amount of Award *		\$500,000.00
58	Award Date *	09/13/2021	
59	Period of Performance Start Date *	09/17/2021	
60	Period of Performance End Date *	09/17/2021	
61	Primary Place of Performance Address Line 1 *	209 S Gaines St	
62	Primary Place of Performance Address Line 2		
63	Primary Place of Performance Address Line 3		
64	Primary Place of Performance City Name *	Davenport	
65	Primary Place of Performance State Code *	IA	
66	Primary Place of Performance Zip+4 *	52802-1403	
67	Primary Place of Performance Country Name *	United States	
68	Primary Place of Performance Country Code *	USA	
69	Primary Place of Performance Congressional District *	2	
70	Award Description *	To provide short-term cash flow assistance to continue operations, provide increased services and support throughout the COVID-19 pandemic.	

### Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-269-0379 - Small Business Relief Grants	\$500,000.00	\$500,000.00	\$500,000.00	\$500,000.00
Total		\$500,000.00	\$500,000.00	\$500,000.00	\$500,000.00

### Previous Expenditures (All previous quarters)

	72 A	72 B	72 C	72 D	72 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$00		
Total:					\$00

### Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*		Yes			
74	Non-Compliance Explanation					
	75 A	75 B	75 C	75 D	75 E	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	IA-269-0379 - Small Business Relief Grants	09/17/2021 09/17/2021	\$500,000.00	Economic Support (Other than Small Business, Housing, and Food Assistance)		
Total:					\$500,000.00	

## Sub Screen: Award: 269-0062-010X- 3192161

54	Sub-Recipient Organization (Awardee)*	MINNESOTA HOCKEY VENTURES GROUP LP-3192161MI	
55	Award Number*	269-0062-010X- 3192161	
56	Award Payment Method*	Lump Sum Payment(s)	
57	Amount of Award *		\$500,000.00
58	Award Date *	09/13/2021	
59	Period of Performance Start Date *	09/17/2021	
60	Period of Performance End Date *	09/17/2021	
61	Primary Place of Performance Address Line 1 *	317 Washington St	
62	Primary Place of Performance Address Line 2		
63	Primary Place of Performance Address Line 3		
64	Primary Place of Performance City Name *	Saint Paul	
65	Primary Place of Performance State Code *	MN	
66	Primary Place of Performance Zip+4 *	55102-1609	
67	Primary Place of Performance Country Name *	United States	
68	Primary Place of Performance Country Code *	USA	
69	Primary Place of Performance Congressional District *		
70	Award Description *	To provide short-term cash flow assistance to continue operations, provide increased services and support throughout the COVID-19 pandemic.	

### Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-269-0379 - Small Business Relief Grants	\$500,000.00	\$500,000.00	\$500,000.00	\$500,000.00
Total		\$500,000.00	\$500,000.00	\$500,000.00	\$500,000.00

### Previous Expenditures (All previous quarters)

	72 A	72 B	72 C	72 D	72 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$00		
Total:					\$00

### Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*		Yes			
74	Non-Compliance Explanation					
	75 A	75 B	75 C	75 D	75 E	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	IA-269-0379 - Small Business Relief Grants	09/17/2021 09/17/2021	\$500,000.00	Economic Support (Other than Small Business, Housing, and Food Assistance)		
Total:						\$500,000.00

## Sub Screen: Award: 269-0062-010X- 3114417

54	Sub-Recipient Organization (Awardee)*	MINNESOTA TIMBERWOLVES BASKETBALL LIMITED PAR-3114417MI
55	Award Number*	269-0062-010X- 3114417
56	Award Payment Method*	Lump Sum Payment(s)
57	Amount of Award *	\$500,000.00
58	Award Date *	09/13/2021
59	Period of Performance Start Date *	09/17/2021
60	Period of Performance End Date *	09/17/2021
61	Primary Place of Performance Address Line 1 *	730 3rd St
62	Primary Place of Performance Address Line 2	
63	Primary Place of Performance Address Line 3	
64	Primary Place of Performance City Name *	Des Moines
65	Primary Place of Performance State Code *	IA
66	Primary Place of Performance Zip+4 *	50309-1302
67	Primary Place of Performance Country Name *	United States
68	Primary Place of Performance Country Code *	USA
69	Primary Place of Performance Congressional District *	3
70	Award Description *	To provide short-term cash flow assistance to continue operations, provide increased services and support throughout the COVID-19 pandemic.

### Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-269-0379 - Small Business Relief Grants	\$500,000.00	\$500,000.00	\$500,000.00	\$500,000.00
Total		\$500,000.00	\$500,000.00	\$500,000.00	\$500,000.00

### Previous Expenditures (All previous quarters)

	72 A	72 B	72 C	72 D	72 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$00		
Total:					\$00

### Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*			Yes				
74	Non-Compliance Explanation							
	75 A		75 B		75 C	75 D	75 E	
	Project*		Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	IA-269-0379 - Small Business Relief Grants		09/17/2021	09/17/2021	\$500,000.00	Economic Support (Other than Small Business, Housing, and Food Assistance)		
Total:					\$500,000.00			

## Sub Screen: Award: 269-0062-010X- 3173176

54	Sub-Recipient Organization (Awardee)*	NORTHERN LIGHTS HOCKEY LLC-3173176NO	
55	Award Number*	269-0062-010X- 3173176	
56	Award Payment Method*	Lump Sum Payment(s)	
57	Amount of Award *		\$434,200.00
58	Award Date *	09/13/2021	
59	Period of Performance Start Date *	09/17/2021	
60	Period of Performance End Date *	09/17/2021	
61	Primary Place of Performance Address Line 1 *	1800 Admiral Sheehy Dr	
62	Primary Place of Performance Address Line 2		
63	Primary Place of Performance Address Line 3		
64	Primary Place of Performance City Name *	Dubuque	
65	Primary Place of Performance State Code *	IA	
66	Primary Place of Performance Zip+4 *	52001-2379	
67	Primary Place of Performance Country Name *	United States	
68	Primary Place of Performance Country Code *	USA	
69	Primary Place of Performance Congressional District *	1	
70	Award Description *	To provide short-term cash flow assistance to continue operations, provide increased services and support throughout the COVID-19 pandemic.	

### Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-269-0379 - Small Business Relief Grants	\$434,200.00	\$434,200.00	\$434,200.00	\$434,200.00
Total		\$434,200.00	\$434,200.00	\$434,200.00	\$434,200.00

### Previous Expenditures (All previous quarters)

	72 A	72 B	72 C	72 D	72 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$00		
Total:					\$00

### Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*		Yes			
74	Non-Compliance Explanation					
	75 A	75 B		75 C	75 D	75 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-269-0379 - Small Business Relief Grants	09/17/2021	09/17/2021	\$434,200.00	Economic Support (Other than Small Business, Housing, and Food Assistance)	
Total:						\$434,200.00

## Sub Screen: Award: 269-0062-010X- 3059336

54	Sub-Recipient Organization (Awardee)*	SCM LLC-3059336SC
55	Award Number*	269-0062-010X- 3059336
56	Award Payment Method*	Lump Sum Payment(s)
57	Amount of Award *	\$333,679.00
58	Award Date *	09/13/2021
59	Period of Performance Start Date *	09/17/2021
60	Period of Performance End Date *	09/17/2021
61	Primary Place of Performance Address Line 1 *	401 Gordon Dr
62	Primary Place of Performance Address Line 2	
63	Primary Place of Performance Address Line 3	
64	Primary Place of Performance City Name *	Sioux City
65	Primary Place of Performance State Code *	IA
66	Primary Place of Performance Zip+4 *	51101-1708
67	Primary Place of Performance Country Name *	United States
68	Primary Place of Performance Country Code *	USA
69	Primary Place of Performance Congressional District *	4
70	Award Description *	To provide short-term cash flow assistance to continue operations, provide increased services and support throughout the COVID-19 pandemic.

### Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-269-0379 - Small Business Relief Grants	\$333,679.00	\$333,679.00	\$333,679.00	\$333,679.00
Total		\$333,679.00	\$333,679.00	\$333,679.00	\$333,679.00

### Previous Expenditures (All previous quarters)

	72 A	72 B	72 C	72 D	72 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$00		
Total:					\$00

### Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*			Yes		
74	Non-Compliance Explanation					
	75 A	75 B		75 C	75 D	75 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category DescriptionDelete
Line 1	IA-269-0379 - Small Business Relief Grants	09/17/2021	09/17/2021	\$333,679.00	Economic Support (Other than Small Business, Housing, and Food Assistance)	
Total:				\$333,679.00		

## Sub Screen: Award: 269-0062-010X- 3192160

54	Sub-Recipient Organization (Awardee)*	SIOUX CITY BANDITS FOOTBALL LLC-3192160SI	
55	Award Number*	269-0062-010X- 3192160	
56	Award Payment Method*	Lump Sum Payment(s)	
57	Amount of Award *		\$250,471.00
58	Award Date *	09/13/2021	
59	Period of Performance Start Date *	09/17/2021	
60	Period of Performance End Date *	09/17/2021	
61	Primary Place of Performance Address Line 1 *	401 Gordon Dr	
62	Primary Place of Performance Address Line 2		
63	Primary Place of Performance Address Line 3		
64	Primary Place of Performance City Name *	Sioux City	
65	Primary Place of Performance State Code *	IA	
66	Primary Place of Performance Zip+4 *	51101-1708	
67	Primary Place of Performance Country Name *	United States	
68	Primary Place of Performance Country Code *	USA	
69	Primary Place of Performance Congressional District *		
70	Award Description *	To provide short-term cash flow assistance to continue operations, provide increased services and support throughout the COVID-19 pandemic.	

### Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-269-0379 - Small Business Relief Grants	\$250,471.00	\$250,471.00	\$250,471.00	\$250,471.00
Total		\$250,471.00	\$250,471.00	\$250,471.00	\$250,471.00

### Previous Expenditures (All previous quarters)

	72 A	72 B	72 C	72 D	72 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$00		
Total:					\$00

### Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*		Yes			
74	Non-Compliance Explanation					
	75 A	75 B	75 C	75 D	75 E	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	IA-269-0379 - Small Business Relief Grants	09/17/2021 09/17/2021	\$250,471.00	Economic Support (Other than Small Business, Housing, and Food Assistance)		
Total:						\$250,471.00

## Sub Screen: Award: 269-0062-010X- 2103452

54	Sub-Recipient Organization (Awardee)*	SIOUX CITY EXPLORERS-2103452SI	
55	Award Number*	269-0062-010X- 2103452	
56	Award Payment Method*	Lump Sum Payment(s)	
57	Amount of Award *		\$500,000.00
58	Award Date *	09/13/2021	
59	Period of Performance Start Date *	09/17/2021	
60	Period of Performance End Date *	09/17/2021	
61	Primary Place of Performance Address Line 1 *	3400 Line Dr	
62	Primary Place of Performance Address Line 2		
63	Primary Place of Performance Address Line 3		
64	Primary Place of Performance City Name *	Sioux City	
65	Primary Place of Performance State Code *	IA	
66	Primary Place of Performance Zip+4 *	51106-5105	
67	Primary Place of Performance Country Name *	United States	
68	Primary Place of Performance Country Code *	USA	
69	Primary Place of Performance Congressional District *		
70	Award Description *	To provide short-term cash flow assistance to continue operations, provide increased services and support throughout the COVID-19 pandemic.	

### Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-269-0379 - Small Business Relief Grants	\$500,000.00	\$500,000.00	\$500,000.00	\$500,000.00
Total		\$500,000.00	\$500,000.00	\$500,000.00	\$500,000.00

### Previous Expenditures (All previous quarters)

	72 A	72 B	72 C	72 D	72 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$00		
Total:					\$00

### Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*		Yes			
74	Non-Compliance Explanation					
	75 A	75 B	75 C	75 D	75 E	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	IA-269-0379 - Small Business Relief Grants	09/17/2021 09/17/2021	\$500,000.00	Economic Support (Other than Small Business, Housing, and Food Assistance)		
Total:						\$500,000.00



## Sub Screen: Award: 269-0062-010X- 3089041

54	Sub-Recipient Organization (Awardee)*	WATERLOO BALL CLUB LLC-3089041WA	
55	Award Number*	269-0062-010X- 3089041	
56	Award Payment Method*	Lump Sum Payment(s)	
57	Amount of Award *		\$388,583.00
58	Award Date *	09/20/2021	
59	Period of Performance Start Date *	09/21/2021	
60	Period of Performance End Date *	09/21/2021	
61	Primary Place of Performance Address Line 1 *	850 Park Rd	
62	Primary Place of Performance Address Line 2		
63	Primary Place of Performance Address Line 3		
64	Primary Place of Performance City Name *	Waterloo	
65	Primary Place of Performance State Code *	IA	
66	Primary Place of Performance Zip+4 *	50703-5645	
67	Primary Place of Performance Country Name *	United States	
68	Primary Place of Performance Country Code *	USA	
69	Primary Place of Performance Congressional District *	1	
70	Award Description *	To provide short-term cash flow assistance to continue operations, provide increased services and support throughout the COVID-19 pandemic.	

### Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-269-0379 - Small Business Relief Grants	\$388,583.00	\$388,583.00	\$388,583.00	\$388,583.00
Total		\$388,583.00	\$388,583.00	\$388,583.00	\$388,583.00

### Previous Expenditures (All previous quarters)

	72 A	72 B	72 C	72 D	72 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$00		
Total:					\$00

### Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*		Yes			
74	Non-Compliance Explanation					
	75 A	75 B	75 C	75 D	75 E	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	IA-269-0379 - Small Business Relief Grants	09/21/2021 09/21/2021	\$388,583.00	Economic Support (Other than Small Business, Housing, and Food Assistance)		
Total:						\$388,583.00

## Sub Screen: Award: 269-0062-010X- 3107939

54	Sub-Recipient Organization (Awardee)*	WATERLOO BLACK HAWKS HOCKEY LLC-3107939WA	
55	Award Number*	269-0062-010X- 3107939	
56	Award Payment Method*	Lump Sum Payment(s)	
57	Amount of Award *		\$500,000.00
58	Award Date *	09/17/2021	
59	Period of Performance Start Date *	09/17/2021	
60	Period of Performance End Date *	09/17/2021	
61	Primary Place of Performance Address Line 1 *	PO BOX 2222	
62	Primary Place of Performance Address Line 2		
63	Primary Place of Performance Address Line 3		
64	Primary Place of Performance City Name *	Waterloo	
65	Primary Place of Performance State Code *	IA	
66	Primary Place of Performance Zip+4 *	50704-2222	
67	Primary Place of Performance Country Name *	United States	
68	Primary Place of Performance Country Code *	USA	
69	Primary Place of Performance Congressional District *	1	
70	Award Description *	To provide short-term cash flow assistance to continue operations, provide increased services and support throughout the COVID-19 pandemic.	

### Obligations

	71 A	71 B	71 C	71 D	71 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-269-0379 - Small Business Relief Grants	\$500,000.00	\$500,000.00	\$500,000.00	\$500,000.00
Total		\$500,000.00	\$500,000.00	\$500,000.00	\$500,000.00

### Previous Expenditures (All previous quarters)

	72 A	72 B	72 C	72 D	72 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$00		
Total:					\$00

### Current Quarter Expenditures

73	Is awardee complying with terms and conditions of the grant?*		Yes			
74	Non-Compliance Explanation					
	75 A	75 B	75 C	75 D	75 E	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	IA-269-0379 - Small Business Relief Grants	09/17/2021 09/17/2021	\$500,000.00	Economic Support (Other than Small Business, Housing, and Food Assistance)		
Total:						\$500,000.00

### Sub Screen: Transfer: 309-PFIF-0052-0025000

94	Sub-Recipient Organization (Transferee/Government Unit)*	IOWA PRISON INDUSTRIES-0025000PR
95	Transfer Number *	309-PFIF-0052-0025000
96	Transfer Amount *	\$100,000.00
97	Transfer Date *	09/29/2020
98	Transfer Type *	Lump Sum Payment(s)
99	Purpose Description *	This project will provide vocational training to men incarcerated at the North Central Correctional Facility in Rockwell City. The participants are soon to be released and will be provided with training, testing, and work opportunities leading to American Welding Society Qualification and OSHA 10 certificates. The pandemic has limited training opportunities to this population and this project seeks to provide this critical training to a population in need.

### Obligations

	100 A	100 B	100 C	100 D	100 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-309-AAIF - Future Ready Iowa Employer Innovation	\$00	\$100,000.00	\$00	\$100,000.00
Total		\$00	\$100,000.00	\$00	\$100,000.00

### Previous Expenditures (All previous quarters)

	101 A	101 B		101 C	101 D	101 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-309-AAIF - Future Ready Iowa Employer Innovation	10/15/2020	10/15/2020	\$100,000.00	Items Not Listed Above	Vocational Training
Total:						\$100,000.00

### Current Quarter Expenditures

0	102 A0	102 B0		102 C0	102 D0	102 E0	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

## Sub Screen: Transfer: 401-D09V-009V-2127342

94	Sub-Recipient Organization (Transferee/Government Unit)*	DALLAS CO AUDITOR-2127342DA
95	Transfer Number *	401-D09V-009V-2127342
96	Transfer Amount *	\$1,011,417.41
97	Transfer Date *	09/04/2020
98	Transfer Type *	Lump Sum Payment(s)
99	Purpose Description *	Funds provided to agencies, schools or other entities for goods and services that address vulnerabilities related to mental health wellness as a result of COVID-19

### Obligations

	100 A	100 B	100 C	100 D	100 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-413-MHS - Mental Health Services	\$00	\$1,011,417.41	\$00	\$1,011,417.41
Total		\$00	\$1,011,417.41	\$00	\$1,011,417.41

### Previous Expenditures (All previous quarters)

	101 A	101 B		101 C	101 D	101 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-413-MHS - Mental Health Services	08/12/2020	08/12/2020	\$1,011,417.41	Medical Expenses	
Total:				\$1,011,417.41		

### Current Quarter Expenditures

0	102 A0	102 B0	102 C0	102 D0	102 E0	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description Delete
Line 1	0			\$00		
Total:						\$00

## Sub Screen: Transfer: 401-D09V-009V-2127740

94	Sub-Recipient Organization (Transferee/Government Unit)*	DES MOINES CO AUDITOR-2127740DE
95	Transfer Number *	401-D09V-009V-2127740
96	Transfer Amount *	\$1,541,716.24
97	Transfer Date *	09/04/2020
98	Transfer Type *	Lump Sum Payment(s)
99	Purpose Description *	Funds provided to agencies, schools or other entities for goods and services that address vulnerabilities related to mental health wellness as a result of COVID-19

### Obligations

	100 A	100 B	100 C	100 D	100 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-413-MHS - Mental Health Services	\$00	\$1,541,716.24	\$00	\$1,541,716.24
Total		\$00	\$1,541,716.24	\$00	\$1,541,716.24

### Previous Expenditures (All previous quarters)

	101 A	101 B		101 C	101 D	101 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-413-MHS - Mental Health Services	08/12/2020	08/12/2020	\$1,541,716.24	Medical Expenses	
Total:				\$1,541,716.24		

### Current Quarter Expenditures

0	102 A0	102 B0		102 C0	102 D0	102 E0	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:				\$00			

## Sub Screen: Transfer: 401-D09V-009V-3071900

94	Sub-Recipient Organization (Transferee/Government Unit)*	MENTAL HEALTH DISABILITY SERVICES OF THE EAST-3071900ME
95	Transfer Number *	401-D09V-009V-3071900
96	Transfer Amount *	\$4,880,148.87
97	Transfer Date *	07/15/2021
98	Transfer Type *	Lump Sum Payment(s)
99	Purpose Description *	Funds provided to agencies, schools or other entities for goods and services that address vulnerabilities related to mental health wellness as a result of COVID-19

### Obligations

	100 A	100 B	100 C	100 D	100 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-413-MHS - Mental Health Services	\$-820,777.42	\$4,880,148.87	\$-820,777.42	\$4,880,148.87
Total		\$-820,777.42	\$4,880,148.87	\$-820,777.42	\$4,880,148.87

### Previous Expenditures (All previous quarters)

	101 A	101 B	101 C	101 D	101 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-413-MHS - Mental Health Services	08/12/2020 08/12/2020	\$5,700,926.29	Medical Expenses	
Total:					\$5,700,926.29

### Current Quarter Expenditures

0	102 A0	102 B0	102 C0	102 D0	102 E0	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	IA-413-MHS - Mental Health Services	07/15/2021 07/15/2021	\$-820,777.42	Medical Expenses		
Total:					\$-820,777.42	

## Sub Screen: Transfer: 401-D09V-009V-2127377

94	Sub-Recipient Organization (Transferee/Government Unit)*	MONROE CO AUDITOR-2127377MO
95	Transfer Number *	401-D09V-009V-2127377
96	Transfer Amount *	\$746,391.56
97	Transfer Date *	08/14/2020
98	Transfer Type *	Lump Sum Payment(s)
99	Purpose Description *	Funds provided to agencies, schools or other entities for goods and services that address vulnerabilities related to mental health wellness as a result of COVID-19

### Obligations

	100 A	100 B	100 C	100 D	100 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-413-MHS - Mental Health Services	\$00	\$746,391.56	\$00	\$746,391.56
Total		\$00	\$746,391.56	\$00	\$746,391.56

### Previous Expenditures (All previous quarters)

	101 A	101 B		101 C	101 D	101 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-413-MHS - Mental Health Services	08/12/2020	08/12/2020	\$746,391.56	Medical Expenses	
Total:				\$746,391.56		

### Current Quarter Expenditures

0	102 A0	102 B0		102 C0	102 D0	102 E0	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:				\$00			

## Sub Screen: Transfer: 401-D09V-009V-3071904

94	Sub-Recipient Organization (Transferee/Government Unit)*	NORTHWEST IOWA CARE CONNECTIONS-3071904NO
95	Transfer Number *	401-D09V-009V-3071904
96	Transfer Amount *	\$608,165.97
97	Transfer Date *	08/14/2020
98	Transfer Type *	Lump Sum Payment(s)
99	Purpose Description *	Funds provided to agencies, schools or other entities for goods and services that address vulnerabilities related to mental health wellness as a result of COVID-19

### Obligations

	100 A	100 B	100 C	100 D	100 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-413-MHS - Mental Health Services	\$00	\$608,165.97	\$00	\$608,165.97
Total		\$00	\$608,165.97	\$00	\$608,165.97

### Previous Expenditures (All previous quarters)

	101 A	101 B		101 C	101 D	101 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-413-MHS - Mental Health Services	08/12/2020	09/18/2020	\$608,165.97	Medical Expenses	
Total:				\$608,165.97		

### Current Quarter Expenditures

0	102 A0	102 B0		102 C0	102 D0	102 E0	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:				\$00			



## Sub Screen: Transfer: 401-D09V-009V-2128566

94	Sub-Recipient Organization (Transferee/Government Unit)*	POLK COUNTY HEALTH DEPARTMENT-2128566PO
95	Transfer Number *	401-D09V-009V-2128566
96	Transfer Amount *	\$4,631,003.96
97	Transfer Date *	08/25/2020
98	Transfer Type *	Lump Sum Payment(s)
99	Purpose Description *	Funds provided to agencies, schools or other entities for goods and services that address vulnerabilities related to mental health wellness as a result of COVID-19

### Obligations

	100 A	100 B	100 C	100 D	100 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-413-MHS - Mental Health Services	\$00	\$4,631,003.96	\$00	\$4,631,003.96
Total		\$00	\$4,631,003.96	\$00	\$4,631,003.96

### Previous Expenditures (All previous quarters)

	101 A	101 B		101 C	101 D	101 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-413-MHS - Mental Health Services	08/12/2020	08/12/2020	\$4,631,003.96	Medical Expenses	
Total:				\$4,631,003.96		

### Current Quarter Expenditures

0	102 A0	102 B0		102 C0	102 D0	102 E0	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:				\$00			

## Sub Screen: Transfer: 401-D09V-009V-2128127

94	Sub-Recipient Organization (Transferee/Government Unit)*	POTTAWATTAMIE CO AUDITOR-2128127PO
95	Transfer Number *	401-D09V-009V-2128127
96	Transfer Amount *	\$1,788,529.99
97	Transfer Date *	09/04/2020
98	Transfer Type *	Lump Sum Payment(s)
99	Purpose Description *	Funds provided to agencies, schools or other entities for goods and services that address vulnerabilities related to mental health wellness as a result of COVID-19

### Obligations

	100 A	100 B	100 C	100 D	100 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-413-MHS - Mental Health Services	\$00	\$1,788,529.99	\$00	\$1,788,529.99
Total		\$00	\$1,788,529.99	\$00	\$1,788,529.99

### Previous Expenditures (All previous quarters)

	101 A	101 B		101 C	101 D	101 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-413-MHS - Mental Health Services	08/12/2020	08/12/2020	\$1,788,529.99	Medical Expenses	
Total:				\$1,788,529.99		

### Current Quarter Expenditures

0	102 A0	102 B0		102 C0	102 D0	102 E0	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:				\$00			

## Sub Screen: Transfer: 401-D09V-009V-3071905

94	Sub-Recipient Organization (Transferee/Government Unit)*	ROLLING HILLS COMMUNITY SERVICES REGION-3071905RO
95	Transfer Number *	401-D09V-009V-3071905
96	Transfer Amount *	\$1,714,719.62
97	Transfer Date *	07/08/2021
98	Transfer Type *	Lump Sum Payment(s)
99	Purpose Description *	Funds provided to agencies, schools or other entities for goods and services that address vulnerabilities related to mental health wellness as a result of COVID-19

### Obligations

	100 A	100 B	100 C	100 D	100 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-413-MHS - Mental Health Services	\$-160,717.03	\$1,714,719.62	\$-160,717.03	\$1,714,719.62
Total		\$-160,717.03	\$1,714,719.62	\$-160,717.03	\$1,714,719.62

### Previous Expenditures (All previous quarters)

	101 A	101 B	101 C	101 D	101 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-413-MHS - Mental Health Services	08/12/2020 08/12/2020	\$1,875,436.65	Medical Expenses	
Total:					\$1,875,436.65

### Current Quarter Expenditures

0	102 A0	102 B0	102 C0	102 D0	102 E0	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	IA-413-MHS - Mental Health Services	07/08/2021 07/08/2021	\$-160,717.03	Medical Expenses		
Total:						\$-160,717.03

## Sub Screen: Transfer: 401-D09V-009V-2128218

94	Sub-Recipient Organization (Transferee/Government Unit)*	SCOTT COUNTY-2128218SC
95	Transfer Number *	401-D09V-009V-2128218
96	Transfer Amount *	\$2,831,367.52
97	Transfer Date *	07/15/2021
98	Transfer Type *	Lump Sum Payment(s)
99	Purpose Description *	Funds provided to agencies, schools or other entities for goods and services that address vulnerabilities related to mental health wellness as a result of COVID-19

### Obligations

	100 A	100 B	100 C	100 D	100 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-413-MHS - Mental Health Services	\$-27,712.15	\$2,831,367.52	\$-27,712.15	\$2,831,367.52
Total		\$-27,712.15	\$2,831,367.52	\$-27,712.15	\$2,831,367.52

### Previous Expenditures (All previous quarters)

	101 A	101 B		101 C	101 D	101 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-413-MHS - Mental Health Services	08/12/2020	08/12/2020	\$2,859,079.67	Medical Expenses	
Total:				\$2,859,079.67		

### Current Quarter Expenditures

0	102 A0	102 B0		102 C0	102 D0	102 E0	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	IA-413-MHS - Mental Health Services	07/15/2021	07/15/2021	\$-27,712.15	Medical Expenses		
Total:				\$-27,712.15			

## Sub Screen: Transfer: 401-D09V-009V-2130083

94	Sub-Recipient Organization (Transferee/Government Unit)*	SIOUX CO AUDITOR-2130083SI
95	Transfer Number *	401-D09V-009V-2130083
96	Transfer Amount *	\$977,217.46
97	Transfer Date *	08/19/2020
98	Transfer Type *	Lump Sum Payment(s)
99	Purpose Description *	Funds provided to agencies, schools or other entities for goods and services that address vulnerabilities related to mental health wellness as a result of COVID-19

### Obligations

	100 A	100 B	100 C	100 D	100 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-413-MHS - Mental Health Services	\$00	\$977,217.46	\$00	\$977,217.46
Total		\$00	\$977,217.46	\$00	\$977,217.46

### Previous Expenditures (All previous quarters)

	101 A	101 B		101 C	101 D	101 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-413-MHS - Mental Health Services	08/12/2020	08/12/2020	\$977,217.46	Medical Expenses	
Total:				\$977,217.46		

### Current Quarter Expenditures

0	102 A0	102 B0		102 C0	102 D0	102 E0	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:				\$00			

## Sub Screen: Transfer: 401-D09V-009V-2129933

94	Sub-Recipient Organization (Transferee/Government Unit)*	STORY CO AUDITOR-2129933ST
95	Transfer Number *	401-D09V-009V-2129933
96	Transfer Amount *	\$3,187,076.78
97	Transfer Date *	08/05/2021
98	Transfer Type *	Lump Sum Payment(s)
99	Purpose Description *	Funds provided to agencies, schools or other entities for goods and services that address vulnerabilities related to mental health wellness as a result of COVID-19

### Obligations

	100 A	100 B	100 C	100 D	100 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-413-MHS - Mental Health Services	\$-30,532.04	\$3,187,076.78	\$-30,532.04	\$3,187,076.78
Total		\$-30,532.04	\$3,187,076.78	\$-30,532.04	\$3,187,076.78

### Previous Expenditures (All previous quarters)

	101 A	101 B	101 C	101 D	101 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-413-MHS - Mental Health Services	08/12/2020 08/12/2020	\$3,217,608.82	Medical Expenses	
Total:					\$3,217,608.82

### Current Quarter Expenditures

0	102 A0	102 B0	102 C0	102 D0	102 E0	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	IA-413-MHS - Mental Health Services	08/05/2021 08/05/2021	\$-30,532.04	Medical Expenses		
Total:					\$-30,532.04	

## Sub Screen: Transfer: 401-D09V-009V-2128173

94	Sub-Recipient Organization (Transferee/Government Unit)*	UNION CO AUDITOR-2128173UN
95	Transfer Number *	401-D09V-009V-2128173
96	Transfer Amount *	\$278,105.09
97	Transfer Date *	09/04/2020
98	Transfer Type *	Lump Sum Payment(s)
99	Purpose Description *	Funds provided to agencies, schools or other entities for goods and services that address vulnerabilities related to mental health wellness as a result of COVID-19

### Obligations

	100 A	100 B	100 C	100 D	100 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-413-MHS - Mental Health Services	\$00	\$278,105.09	\$00	\$278,105.09
Total		\$00	\$278,105.09	\$00	\$278,105.09

### Previous Expenditures (All previous quarters)

	101 A	101 B		101 C	101 D	101 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-413-MHS - Mental Health Services	08/12/2020	08/12/2020	\$278,105.09	Medical Expenses	
Total:				\$278,105.09		

### Current Quarter Expenditures

0	102 A0	102 B0		102 C0	102 D0	102 E0	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:				\$00			

## Sub Screen: Transfer: 401-D09V-009V-2130166

94	Sub-Recipient Organization (Transferee/Government Unit)*	WAPELLO CO AUDITOR-2130166WA
95	Transfer Number *	401-D09V-009V-2130166
96	Transfer Amount *	\$747,674.77
97	Transfer Date *	01/04/2021
98	Transfer Type *	Lump Sum Payment(s)
99	Purpose Description *	Funds provided to agencies, schools or other entities for goods and services that address vulnerabilities related to mental health wellness as a result of COVID-19

### Obligations

	100 A	100 B	100 C	100 D	100 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-413-MHS - Mental Health Services	\$00	\$747,674.77	\$00	\$747,674.77
Total		\$00	\$747,674.77	\$00	\$747,674.77

### Previous Expenditures (All previous quarters)

	101 A	101 B		101 C	101 D	101 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-413-MHS - Mental Health Services	08/12/2020	08/12/2020	\$747,674.77	Medical Expenses	
Line 2	IA-413-MHS - Mental Health Services	12/30/2020	12/30/2020	\$-439,229.28	Medical Expenses	
Line 3	IA-413-MHS - Mental Health Services	01/04/2021	01/04/2021	\$439,229.28	Medical Expenses	
Total:				\$747,674.77		

### Current Quarter Expenditures

0	102 A0	102 B0		102 C0	102 D0	102 E0	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:				\$00			



## Sub Screen: Transfer: 583202004061

94	Sub-Recipient Organization (Transferee/Government Unit)*	IOWA PRISON INDUSTRIES-0025000PR
95	Transfer Number *	583202004061
96	Transfer Amount *	\$0.00
97	Transfer Date *	04/06/2020
98	Transfer Type *	Reimbursable
99	Purpose Description *	Face shields, face masks, gowns, hand sanitizer

### Obligations

	100 A	100 B	100 C	100 D	100 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-583-0012 - State FEMA PA Match	\$00	\$0.00	\$00	\$0.00
Total		\$00	\$0.00	\$00	\$0.00

### Previous Expenditures (All previous quarters)

	101 A	101 B		101 C	101 D	101 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-583-0012 - State FEMA PA Match	04/06/2020	06/30/2020	\$171,793.52	Personal Protective Equipment	
Line 2	IA-583-0012 - State FEMA PA Match	06/25/2021	06/25/2021	\$-171,793.52	Personal Protective Equipment	
Total:						\$0.00

### Current Quarter Expenditures

0	102 A0	102 B0		102 C0	102 D0	102 E0	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

## Sub Screen: Transfer: 238A20CARE06

94	Sub-Recipient Organization (Transferee/Government Unit)*	SEVENTH JUDICIAL DISTRIC-2111460SE
95	Transfer Number *	238A20CARE06
96	Transfer Amount *	\$449,600.36
97	Transfer Date *	12/04/2020
98	Transfer Type *	Reimbursable
99	Purpose Description *	Payroll expense for Public Safety employees in Community Based Corrections District 7.

### Obligations

	100 A	100 B	100 C	100 D	100 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-PER-EXP - State Government COVID Staffing	\$00	\$449,600.36	\$00	\$449,600.36
Total		\$00	\$449,600.36	\$00	\$449,600.36

### Previous Expenditures (All previous quarters)

	101 A	101 B		101 C	101 D	101 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-PER-EXP - State Government COVID Staffing	07/01/2020	12/28/2020	\$449,600.36	Payroll for Public Health and Safety Employees	
Total:				\$449,600.36		

### Current Quarter Expenditures

0	102 A0	102 B0	102 C0	102 D0	102 E0	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description Delete
Line 1	0			\$00		
Total:						\$00

## Sub Screen: Transfer: 238A20CARE04

94	Sub-Recipient Organization (Transferee/Government Unit)*	5TH JUD DISTRICT DCS-21165615T
95	Transfer Number *	238A20CARE04
96	Transfer Amount *	\$1,069,452.13
97	Transfer Date *	12/04/2020
98	Transfer Type *	Reimbursable
99	Purpose Description *	Payroll expense for Public Safety employees in Community Based Corrections District 5.

### Obligations

	100 A	100 B	100 C	100 D	100 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-PER-EXP - State Government COVID Staffing	\$00	\$1,069,452.13	\$00	\$1,069,452.13
Total		\$00	\$1,069,452.13	\$00	\$1,069,452.13

### Previous Expenditures (All previous quarters)

	101 A	101 B		101 C	101 D	101 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-PER-EXP - State Government COVID Staffing	07/01/2020	12/28/2020	\$1,069,452.13	Payroll for Public Health and Safety Employees	
Total:						\$1,069,452.13

### Current Quarter Expenditures

0	102 A0	102 B0		102 C0	102 D0	102 E0	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

## Sub Screen: Transfer: 238A20CARE05

94	Sub-Recipient Organization (Transferee/Government Unit)*	SIXTH JUDICIAL DIST-2115164SI
95	Transfer Number *	238A20CARE05
96	Transfer Amount *	\$733,490.00
97	Transfer Date *	12/04/2020
98	Transfer Type *	Reimbursable
99	Purpose Description *	Payroll expense for Public Safety employees in Community Based Corrections District 6.

### Obligations

	100 A	100 B	100 C	100 D	100 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-PER-EXP - State Government COVID Staffing	\$00	\$733,490.00	\$00	\$733,490.00
Total		\$00	\$733,490.00	\$00	\$733,490.00

### Previous Expenditures (All previous quarters)

	101 A	101 B		101 C	101 D	101 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-PER-EXP - State Government COVID Staffing	07/01/2020	12/28/2020	\$733,490.00	Payroll for Public Health and Safety Employees	
Total:						\$733,490.00

### Current Quarter Expenditures

0	102 A0	102 B0		102 C0	102 D0	102 E0	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

## Sub Screen: Transfer: 238A20CARE01

94	Sub-Recipient Organization (Transferee/Government Unit)*	FIRST JUDICIAL DISTRICT-2102611FI
95	Transfer Number *	238A20CARE01
96	Transfer Amount *	\$900,750.00
97	Transfer Date *	12/04/2020
98	Transfer Type *	Reimbursable
99	Purpose Description *	Payroll expense for Public Safety employees in Community Based Corrections District 1.

### Obligations

	100 A	100 B	100 C	100 D	100 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-PER-EXP - State Government COVID Staffing	\$00	\$900,750.00	\$00	\$900,750.00
Total		\$00	\$900,750.00	\$00	\$900,750.00

### Previous Expenditures (All previous quarters)

	101 A	101 B		101 C	101 D	101 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-PER-EXP - State Government COVID Staffing	07/01/2020	12/28/2020	\$900,750.00	Payroll for Public Health and Safety Employees	
Total:						\$900,750.00

### Current Quarter Expenditures

0	102 A0	102 B0		102 C0	102 D0	102 E0	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:							\$00

## Sub Screen: Transfer: 238A20CARE07

94	Sub-Recipient Organization (Transferee/Government Unit)*	EIGHTH JUDICAL DISTRICT-2113622EI
95	Transfer Number *	238A20CARE07
96	Transfer Amount *	\$493,559.27
97	Transfer Date *	12/04/2020
98	Transfer Type *	Reimbursable
99	Purpose Description *	Payroll expense for Public Safety employees in Community Based Corrections District 8.

### Obligations

	100 A	100 B	100 C	100 D	100 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-PER-EXP - State Government COVID Staffing	\$00	\$493,559.27	\$00	\$493,559.27
Total		\$00	\$493,559.27	\$00	\$493,559.27

### Previous Expenditures (All previous quarters)

	101 A	101 B		101 C	101 D	101 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-PER-EXP - State Government COVID Staffing	07/01/2020	12/28/2020	\$493,559.27	Payroll for Public Health and Safety Employees	
Total:				\$493,559.27		

### Current Quarter Expenditures

0	102 A0	102 B0		102 C0	102 D0	102 E0	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:				\$00			

### Sub Screen: Transfer: 238A20CARE03

94	Sub-Recipient Organization (Transferee/Government Unit)*	FOURTH JUDICIAL DISTRICT-2114976FO
95	Transfer Number *	238A20CARE03
96	Transfer Amount *	\$341,362.97
97	Transfer Date *	12/04/2020
98	Transfer Type *	Reimbursable
99	Purpose Description *	Payroll expense for Public Safety employees in Community Based Corrections District 4.

### Obligations

	100 A	100 B	100 C	100 D	100 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-PER-EXP - State Government COVID Staffing	\$00	\$341,362.97	\$00	\$341,362.97
Total		\$00	\$341,362.97	\$00	\$341,362.97

### Previous Expenditures (All previous quarters)

	101 A	101 B		101 C	101 D	101 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-PER-EXP - State Government COVID Staffing	07/01/2020	12/28/2020	\$341,362.97	Payroll for Public Health and Safety Employees	
Total:				\$341,362.97		

### Current Quarter Expenditures

0	102 A0	102 B0	102 C0	102 D0	102 E0	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description Delete
Line 1	0			\$00		
Total:						\$00

## Sub Screen: Transfer: 238A20CARE02

94	Sub-Recipient Organization (Transferee/Government Unit)*	SECOND JUDICIAL DISTRICT-2112431SE
95	Transfer Number *	238A20CARE02
96	Transfer Amount *	\$743,152.55
97	Transfer Date *	12/04/2020
98	Transfer Type *	Reimbursable
99	Purpose Description *	Payroll expense for Public Safety employees in Community Based Corrections District 2.

### Obligations

	100 A	100 B	100 C	100 D	100 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-PER-EXP - State Government COVID Staffing	\$00	\$743,152.55	\$00	\$743,152.55
Total		\$00	\$743,152.55	\$00	\$743,152.55

### Previous Expenditures (All previous quarters)

	101 A	101 B		101 C	101 D	101 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-PER-EXP - State Government COVID Staffing	07/01/2020	12/28/2020	\$743,152.55	Payroll for Public Health and Safety Employees	
Total:				\$743,152.55		

### Current Quarter Expenditures

0	102 A0	102 B0	102 C0	102 D0	102 E0	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description Delete
Line 1	0			\$00		
Total:						\$00



## Sub Screen: Transfer: 5833078379202012311

94	Sub-Recipient Organization (Transferee/Government Unit)*	STATE HYGIENIC LABORATORY - UNIVERSITY OF IOWA-3078379ST
95	Transfer Number *	5833078379202012311
96	Transfer Amount *	\$0.00
97	Transfer Date *	10/08/2020
98	Transfer Type *	Reimbursable
99	Purpose Description *	Testing -- Clinical Laboratory Services

### Obligations

	100 A	100 B	100 C	100 D	100 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-583-0012 - State FEMA PA Match	\$00	\$0.00	\$00	\$0.00
Total		\$00	\$0.00	\$00	\$0.00

### Previous Expenditures (All previous quarters)

	101 A	101 B	101 C	101 D	101 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-583-0012 - State FEMA PA Match	10/08/2020 10/08/2020	\$133,426.91	COVID-19 Testing and Contact Tracing	
Line 2	IA-583-0012 - State FEMA PA Match	06/25/2021 06/25/2021	\$-133,426.91	COVID-19 Testing and Contact Tracing	
Total:					\$0.00

### Current Quarter Expenditures

0	102 A0	102 B0	102 C0	102 D0	102 E0	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0		\$00			
Total:						\$00

**Sub Screen: Transfer: 5832128535202103311**

94	Sub-Recipient Organization (Transferee/Government Unit)*	FORT DODGE CORRECTIONAL FACILITY-2128535FO
95	Transfer Number *	5832128535202103311
96	Transfer Amount *	\$0.00
97	Transfer Date *	09/15/2020
98	Transfer Type *	Reimbursable
99	Purpose Description *	COVID expenses as match to FEMA Public Assistance federal award

**Obligations**

	100 A	100 B	100 C	100 D	100 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-583-0012 - State FEMA PA Match	\$-65,260.62	\$0.00	\$-65,260.62	\$0.00
Total		\$-65,260.62	\$0.00	\$-65,260.62	\$0.00

**Previous Expenditures (All previous quarters)**

	101 A	101 B	101 C	101 D	101 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-583-0012 - State FEMA PA Match	12/30/2020 01/08/2021	\$74,078.56	Items Not Listed Above	Pass through match
Line 2	IA-583-0012 - State FEMA PA Match	05/10/2021 05/10/2021	\$-8,817.94	Items Not Listed Above	Pass through match
Total:					\$65,260.62

**Current Quarter Expenditures**

0	102 A0	102 B0	102 C0	102 D0	102 E0	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	IA-583-0012 - State FEMA PA Match	07/13/2021 07/13/2021	\$-65,260.62	Items Not Listed Above	Pass through match	
Total:					\$-65,260.62	

### Sub Screen: Transfer: 238A20CARE30

94	Sub-Recipient Organization (Transferee/Government Unit)*	5TH JUD DISTRICT DCS-21165615T
95	Transfer Number *	238A20CARE30
96	Transfer Amount *	\$125,412.25
97	Transfer Date *	07/19/2021
98	Transfer Type *	Reimbursable
99	Purpose Description *	Payroll expense for Public Safety employees in Community Based Corrections District 5.

### Obligations

	100 A	100 B	100 C	100 D	100 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-PER-EXP - State Government COVID Staffing	\$125,412.25	\$125,412.25	\$125,412.25	\$125,412.25
Total		\$125,412.25	\$125,412.25	\$125,412.25	\$125,412.25

### Previous Expenditures (All previous quarters)

	101 A	101 B	101 C	101 D	101 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$00		
Total:					\$00

### Current Quarter Expenditures

0	102 A0	102 B0	102 C0	102 D0	102 E0	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	IA-PER-EXP - State Government COVID Staffing	07/19/2021 07/19/2021	\$125,412.25	Payroll for Public Health and Safety Employees		
Total:					\$125,412.25	

### Sub Screen: Transfer: 238A20CARE33

94	Sub-Recipient Organization (Transferee/Government Unit)*	EIGHTH JUDICAL DISTRICT-2113622EI
95	Transfer Number *	238A20CARE33
96	Transfer Amount *	\$53,286.75
97	Transfer Date *	07/19/2021
98	Transfer Type *	Reimbursable
99	Purpose Description *	Payroll expense for Public Safety employees in Community Based Corrections District 8.

### Obligations

	100 A	100 B	100 C	100 D	100 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-PER-EXP - State Government COVID Staffing	\$53,286.75	\$53,286.75	\$53,286.75	\$53,286.75
Total		\$53,286.75	\$53,286.75	\$53,286.75	\$53,286.75

### Previous Expenditures (All previous quarters)

	101 A	101 B	101 C	101 D	101 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$00		
Total:					\$00

### Current Quarter Expenditures

0	102 A0	102 B0	102 C0	102 D0	102 E0	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	IA-PER-EXP - State Government COVID Staffing	07/19/2021 07/19/2021	\$53,286.75	Payroll for Public Health and Safety Employees		
Total:					\$53,286.75	

## Sub Screen: Transfer: 238A20CARE26

94	Sub-Recipient Organization (Transferee/Government Unit)*	FIRST JUDICIAL DISTRICT-2102611FI
95	Transfer Number *	238A20CARE26
96	Transfer Amount *	\$94,732.00
97	Transfer Date *	07/19/2021
98	Transfer Type *	Reimbursable
99	Purpose Description *	Payroll expense for Public Safety employees in Community Based Corrections District 1.

### Obligations

	100 A	100 B	100 C	100 D	100 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-PER-EXP - State Government COVID Staffing	\$94,732.00	\$94,732.00	\$94,732.00	\$94,732.00
Total		\$94,732.00	\$94,732.00	\$94,732.00	\$94,732.00

### Previous Expenditures (All previous quarters)

	101 A	101 B	101 C	101 D	101 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$00		
Total:					\$00

### Current Quarter Expenditures

0	102 A0	102 B0		102 C0	102 D0	102 E0	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	IA-PER-EXP - State Government COVID Staffing	07/19/2021	07/19/2021	\$94,732.00	Payroll for Public Health and Safety Employees		
Total:						\$94,732.00	

## Sub Screen: Transfer: 238A20CARE27

94	Sub-Recipient Organization (Transferee/Government Unit)*	SECOND JUDICIAL DISTRICT-2112431SE
95	Transfer Number *	238A20CARE27
96	Transfer Amount *	\$72,125.50
97	Transfer Date *	07/19/2021
98	Transfer Type *	Reimbursable
99	Purpose Description *	Payroll expense for Public Safety employees in Community Based Corrections District 2.

### Obligations

	100 A	100 B	100 C	100 D	100 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-PER-EXP - State Government COVID Staffing	\$72,125.50	\$72,125.50	\$72,125.50	\$72,125.50
Total		\$72,125.50	\$72,125.50	\$72,125.50	\$72,125.50

### Previous Expenditures (All previous quarters)

	101 A	101 B	101 C	101 D	101 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$00		
Total:					\$00

### Current Quarter Expenditures

0	102 A0	102 B0	102 C0	102 D0	102 E0	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	IA-PER-EXP - State Government COVID Staffing	07/19/2021 07/19/2021	\$72,125.50	Payroll for Public Health and Safety Employees		
Total:					\$72,125.50	

## Sub Screen: Transfer: 238A20CARE32

94	Sub-Recipient Organization (Transferee/Government Unit)*	SEVENTH JUDICIAL DISTRICT-2111460SE
95	Transfer Number *	238A20CARE32
96	Transfer Amount *	\$53,825.00
97	Transfer Date *	07/19/2021
98	Transfer Type *	Reimbursable
99	Purpose Description *	Payroll expense for Public Safety employees in Community Based Corrections District 7.

### Obligations

	100 A	100 B	100 C	100 D	100 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-PER-EXP - State Government COVID Staffing	\$53,825.00	\$53,825.00	\$53,825.00	\$53,825.00
Total		\$53,825.00	\$53,825.00	\$53,825.00	\$53,825.00

### Previous Expenditures (All previous quarters)

	101 A	101 B	101 C	101 D	101 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$00		
Total:					\$00

### Current Quarter Expenditures

0	102 A0	102 B0	102 C0	102 D0	102 E0	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	IA-PER-EXP - State Government COVID Staffing	07/19/2021 07/19/2021	\$53,825.00	Payroll for Public Health and Safety Employees		
Total:					\$53,825.00	

### Sub Screen: Transfer: 238A20CARE31

94	Sub-Recipient Organization (Transferee/Government Unit)*	SIXTH JUDICIAL DIST-2115164SI
95	Transfer Number *	238A20CARE31
96	Transfer Amount *	\$87,734.75
97	Transfer Date *	07/19/2021
98	Transfer Type *	Reimbursable
99	Purpose Description *	Payroll expense for Public Safety employees in Community Based Corrections District 6.

### Obligations

	100 A	100 B	100 C	100 D	100 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-PER-EXP - State Government COVID Staffing	\$87,734.75	\$87,734.75	\$87,734.75	\$87,734.75
Total		\$87,734.75	\$87,734.75	\$87,734.75	\$87,734.75

### Previous Expenditures (All previous quarters)

	101 A	101 B	101 C	101 D	101 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1			\$00		
Total:					\$00

### Current Quarter Expenditures

0	102 A0	102 B0	102 C0	102 D0	102 E0	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	IA-PER-EXP - State Government COVID Staffing	07/19/2021 07/19/2021	\$87,734.75	Payroll for Public Health and Safety Employees		
Total:					\$87,734.75	



## Sub Screen: Direct Sub-Recipient: 2121533MI

103	Sub-Recipient Organization (Payee)*	MIDAMERICAN ENERGY CO-2121533MI
104	Obligation Amount*	\$84,301.00
105	Obligation Date *	08/31/2020

### Obligations

	106 A	106 B	106 C	106 D	106 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-269-0379 - Small Business Relief Grants	\$00	\$84,301.00	\$00	\$84,301.00
Total		\$00	\$84,301.00	\$00	\$84,301.00

### Previous Expenditures (All previous quarters)

	107 A	107 B	107 C	107 D	107 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-269-0379 - Small Business Relief Grants	09/09/2020 09/30/2020	\$84,301.00	Small Business Assistance	
Total:					\$84,301.00

### Current Quarter Expenditures

	108 A	108 B	108 C	108 D	108 E	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0		\$00			
Total:						\$00

## Sub Screen: Direct Sub-Recipient: 2103831AR

103	Sub-Recipient Organization (Payee)*	ARCHER DANIELS MIDLAND-2103831AR
104	Obligation Amount*	\$0.00
105	Obligation Date *	09/14/2020

### Obligations

	106 A	106 B	106 C	106 D	106 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-269-0045 - State Biofuel Grant Program	\$00	\$0.00	\$00	\$0.00
Total		\$00	\$0.00	\$00	\$0.00

### Previous Expenditures (All previous quarters)

107 A	107 B	107 C	107 D	107 E
Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Total:				\$00

### Current Quarter Expenditures

	108 A	108 B	108 C	108 D	108 E	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0		\$00			
Total:						\$00

## Sub Screen: Direct Sub-Recipient: 3183307BI

103	Sub-Recipient Organization (Payee)*	BIG RIVER UNITED ENERGY LLC-3183307BI
104	Obligation Amount*	\$0.00
105	Obligation Date *	08/31/2020

### Obligations

	106 A	106 B	106 C	106 D	106 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-269-0045 - State Biofuel Grant Program	\$00	\$0.00	\$00	\$0.00
Total		\$00	\$0.00	\$00	\$0.00

### Previous Expenditures (All previous quarters)

107 A	107 B	107 C	107 D	107 E
Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Total:				\$00

### Current Quarter Expenditures

	108 A	108 B	108 C	108 D	108 E	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0		\$00			
Total:						\$00

## Sub Screen: Direct Sub-Recipient: 3183308CO

103	Sub-Recipient Organization (Payee)*	CORN LP-3183308CO
104	Obligation Amount*	\$0.00
105	Obligation Date *	09/09/2020

### Obligations

	106 A	106 B	106 C	106 D	106 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-269-0045 - State Biofuel Grant Program	\$00	\$0.00	\$00	\$0.00
Total		\$00	\$0.00	\$00	\$0.00

### Previous Expenditures (All previous quarters)

107 A	107 B	107 C	107 D	107 E
Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Total:				\$00

### Current Quarter Expenditures

	108 A	108 B	108 C	108 D	108 E	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0		\$00			
Total:						\$00

## Sub Screen: Direct Sub-Recipient: 2093431HO

103	Sub-Recipient Organization (Payee)*	HOMELAND ENERGY SOLUTION-2093431HO
104	Obligation Amount*	\$0.00
105	Obligation Date *	09/04/2020

### Obligations

	106 A	106 B	106 C	106 D	106 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-269-0045 - State Biofuel Grant Program	\$00	\$0.00	\$00	\$0.00
Total		\$00	\$0.00	\$00	\$0.00

### Previous Expenditures (All previous quarters)

107 A	107 B	107 C	107 D	107 E
Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Total:				\$00

### Current Quarter Expenditures

	108 A	108 B	108 C	108 D	108 E	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0		\$00			
Total:						\$00

## Sub Screen: Direct Sub-Recipient: 2091741LI

103	Sub-Recipient Organization (Payee)*	LINCOLNWAY ENERGY LLC-2091741LI
104	Obligation Amount*	\$0.00
105	Obligation Date *	09/01/2020

### Obligations

	106 A	106 B	106 C	106 D	106 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-269-0045 - State Biofuel Grant Program	\$00	\$0.00	\$00	\$0.00
Total		\$00	\$0.00	\$00	\$0.00

### Previous Expenditures (All previous quarters)

107 A	107 B	107 C	107 D	107 E
Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Total:				\$00

### Current Quarter Expenditures

	108 A	108 B	108 C	108 D	108 E	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0		\$00			
Total:						\$00

## Sub Screen: Direct Sub-Recipient: 3183314LO

103	Sub-Recipient Organization (Payee)*	LOUIS DREYFUS COMPANY HOLDING INC-3183314LO
104	Obligation Amount*	\$0.00
105	Obligation Date *	09/02/2020

### Obligations

	106 A	106 B	106 C	106 D	106 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-269-0045 - State Biofuel Grant Program	\$00	\$0.00	\$00	\$0.00
Total		\$00	\$0.00	\$00	\$0.00

### Previous Expenditures (All previous quarters)

107 A	107 B	107 C	107 D	107 E
Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Total:				\$00

### Current Quarter Expenditures

	108 A	108 B	108 C	108 D	108 E	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0		\$00			
Total:						\$00

## Sub Screen: Direct Sub-Recipient: 3183325LS

103	Sub-Recipient Organization (Payee)*	LSCP LLC-3183325LS
104	Obligation Amount*	\$0.00
105	Obligation Date *	08/31/2020

### Obligations

	106 A	106 B	106 C	106 D	106 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-269-0045 - State Biofuel Grant Program	\$00	\$0.00	\$00	\$0.00
Total		\$00	\$0.00	\$00	\$0.00

### Previous Expenditures (All previous quarters)

107 A	107 B	107 C	107 D	107 E
Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Total:				\$00

### Current Quarter Expenditures

	108 A	108 B	108 C	108 D	108 E	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0		\$00			
Total:						\$00



## Sub Screen: Direct Sub-Recipient: 3183328PL

103	Sub-Recipient Organization (Payee)*	PLYMOUTH ENERGY LLC-3183328PL
104	Obligation Amount*	\$0.00
105	Obligation Date *	09/14/2020

### Obligations

	106 A	106 B	106 C	106 D	106 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-269-0045 - State Biofuel Grant Program	\$00	\$0.00	\$00	\$0.00
Total		\$00	\$0.00	\$00	\$0.00

### Previous Expenditures (All previous quarters)

107 A	107 B	107 C	107 D	107 E
Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Total:				\$00

### Current Quarter Expenditures

	108 A	108 B	108 C	108 D	108 E	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0		\$00			
Total:						\$00

## Sub Screen: Direct Sub-Recipient: 3183323PO

103	Sub-Recipient Organization (Payee)*	POET HOLDING COMPANY LLC-3183323PO
104	Obligation Amount*	\$0.00
105	Obligation Date *	08/31/2020

### Obligations

	106 A	106 B	106 C	106 D	106 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-269-0045 - State Biofuel Grant Program	\$00	\$0.00	\$00	\$0.00
Total		\$00	\$0.00	\$00	\$0.00

### Previous Expenditures (All previous quarters)

107 A	107 B	107 C	107 D	107 E
Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Total:				\$00

### Current Quarter Expenditures

	108 A	108 B	108 C	108 D	108 E	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0		\$00			
Total:						\$00

### Sub Screen: Direct Sub-Recipient: 2125644QU

103	Sub-Recipient Organization (Payee)*	QUAD COUNTY CORN PROCESS-2125644QU
104	Obligation Amount*	\$0.00
105	Obligation Date *	09/08/2020

### Obligations

	106 A	106 B	106 C	106 D	106 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-269-0045 - State Biofuel Grant Program	\$00	\$0.00	\$00	\$0.00
Total		\$00	\$0.00	\$00	\$0.00

### Previous Expenditures (All previous quarters)

107 A	107 B	107 C	107 D	107 E
Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Total:				\$00

### Current Quarter Expenditures

	108 A	108 B	108 C	108 D	108 E	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0		\$00			
Total:						\$00

## Sub Screen: Direct Sub-Recipient: 3183324SI

103	Sub-Recipient Organization (Payee)*	SIOUXLAND ENERGY COOPERATIVE-3183324SI
104	Obligation Amount*	\$0.00
105	Obligation Date *	09/01/2020

### Obligations

	106 A	106 B	106 C	106 D	106 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-269-0045 - State Biofuel Grant Program	\$00	\$0.00	\$00	\$0.00
Total		\$00	\$0.00	\$00	\$0.00

### Previous Expenditures (All previous quarters)

107 A	107 B	107 C	107 D	107 E
Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Total:				\$00

### Current Quarter Expenditures

	108 A	108 B	108 C	108 D	108 E	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0		\$00			
Total:						\$00

## Sub Screen: Direct Sub-Recipient: 2092800SO

103	Sub-Recipient Organization (Payee)*	SOUTHWEST IOWA RENEWABLE-2092800SO
104	Obligation Amount*	\$0.00
105	Obligation Date *	08/31/2020

### Obligations

	106 A	106 B	106 C	106 D	106 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-269-0045 - State Biofuel Grant Program	\$00	\$0.00	\$00	\$0.00
Total		\$00	\$0.00	\$00	\$0.00

### Previous Expenditures (All previous quarters)

107 A	107 B	107 C	107 D	107 E
Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Total:				\$00

### Current Quarter Expenditures

	108 A	108 B	108 C	108 D	108 E	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0		\$00			
Total:						\$00

### Sub Screen: Direct Sub-Recipient: 3183327VA

103	Sub-Recipient Organization (Payee)*	VALERO RENEWABLE FUELS COMPANY LLC-3183327VA
104	Obligation Amount*	\$0.00
105	Obligation Date *	09/08/2020

### Obligations

	106 A	106 B	106 C	106 D	106 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-269-0045 - State Biofuel Grant Program	\$00	\$0.00	\$00	\$0.00
Total		\$00	\$0.00	\$00	\$0.00

### Previous Expenditures (All previous quarters)

107 A	107 B	107 C	107 D	107 E
Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Total:				\$00

### Current Quarter Expenditures

	108 A	108 B	108 C	108 D	108 E	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0		\$00			
Total:						\$00

### Sub Screen: Direct Sub-Recipient: 2093406WE

103	Sub-Recipient Organization (Payee)*	WESTERN DUBUQUE BIODIESE-2093406WE
104	Obligation Amount*	\$0.00
105	Obligation Date *	08/31/2020

### Obligations

	106 A	106 B	106 C	106 D	106 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-269-0045 - State Biofuel Grant Program	\$00	\$0.00	\$00	\$0.00
Total		\$00	\$0.00	\$00	\$0.00

### Previous Expenditures (All previous quarters)

107 A	107 B	107 C	107 D	107 E
Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Total:				\$00

### Current Quarter Expenditures

	108 A	108 B	108 C	108 D	108 E	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0		\$00			
Total:						\$00

### Sub Screen: Direct Sub-Recipient: 2105352WE

103	Sub-Recipient Organization (Payee)*	WESTERN IOWA ENERGY LLC-2105352WE
104	Obligation Amount*	\$0.00
105	Obligation Date *	09/01/2020

### Obligations

	106 A	106 B	106 C	106 D	106 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-269-0045 - State Biofuel Grant Program	\$00	\$0.00	\$00	\$0.00
Total		\$00	\$0.00	\$00	\$0.00

### Previous Expenditures (All previous quarters)

107 A	107 B	107 C	107 D	107 E
Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Total:				\$00

### Current Quarter Expenditures

	108 A	108 B	108 C	108 D	108 E	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0		\$00			
Total:						\$00



## Sub Screen: Direct Sub-Recipient: 2093393AB

103	Sub-Recipient Organization (Payee)*	ABSOLUTE ENERGY LLC-2093393AB
104	Obligation Amount*	\$0.00
105	Obligation Date *	08/31/2020

### Obligations

	106 A	106 B	106 C	106 D	106 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-269-0045 - State Biofuel Grant Program	\$00	\$0.00	\$00	\$0.00
Total		\$00	\$0.00	\$00	\$0.00

### Previous Expenditures (All previous quarters)

107 A	107 B	107 C	107 D	107 E
Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Total:				\$00

### Current Quarter Expenditures

	108 A	108 B	108 C	108 D	108 E	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0		\$00			
Total:						\$00

## Sub Screen: Direct Sub-Recipient: 3111756EL

103	Sub-Recipient Organization (Payee)*	ELITE OCTANE LLC-3111756EL
104	Obligation Amount*	\$0.00
105	Obligation Date *	08/31/2020

### Obligations

	106 A	106 B	106 C	106 D	106 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-269-0045 - State Biofuel Grant Program	\$00	\$0.00	\$00	\$0.00
Total		\$00	\$0.00	\$00	\$0.00

### Previous Expenditures (All previous quarters)

107 A	107 B	107 C	107 D	107 E
Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Total:				\$00

### Current Quarter Expenditures

	108 A	108 B	108 C	108 D	108 E	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0		\$00			
Total:						\$00

## Sub Screen: Direct Sub-Recipient: 3183329PL

103	Sub-Recipient Organization (Payee)*	PLCP LLLP-3183329PL
104	Obligation Amount*	\$0.00
105	Obligation Date *	08/31/2020

### Obligations

	106 A	106 B	106 C	106 D	106 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-269-0045 - State Biofuel Grant Program	\$00	\$0.00	\$00	\$0.00
Total		\$00	\$0.00	\$00	\$0.00

### Previous Expenditures (All previous quarters)

107 A	107 B	107 C	107 D	107 E
Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Total:				\$00

### Current Quarter Expenditures

	108 A	108 B	108 C	108 D	108 E	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0		\$00			
Total:						\$00

## Sub Screen: Direct Sub-Recipient: 3183309FH

103	Sub-Recipient Organization (Payee)*	FHR ARTHUR LLC-3183309FH
104	Obligation Amount*	\$0.00
105	Obligation Date *	09/14/2020

### Obligations

	106 A	106 B	106 C	106 D	106 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-269-0045 - State Biofuel Grant Program	\$00	\$0.00	\$00	\$0.00
Total		\$00	\$0.00	\$00	\$0.00

### Previous Expenditures (All previous quarters)

107 A	107 B	107 C	107 D	107 E
Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Total:				\$00

### Current Quarter Expenditures

	108 A	108 B	108 C	108 D	108 E	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0		\$00			
Total:						\$00

### Sub Screen: Direct Sub-Recipient: 2088013GO

103	Sub-Recipient Organization (Payee)*	GOLDEN GRAIN ENERGY LLC-2088013GO
104	Obligation Amount*	\$0.00
105	Obligation Date *	08/31/2020

### Obligations

	106 A	106 B	106 C	106 D	106 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-269-0045 - State Biofuel Grant Program	\$00	\$0.00	\$00	\$0.00
Total		\$00	\$0.00	\$00	\$0.00

### Previous Expenditures (All previous quarters)

107 A	107 B	107 C	107 D	107 E
Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Total:				\$00

### Current Quarter Expenditures

	108 A	108 B	108 C	108 D	108 E	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0		\$00			
Total:						\$00

## Sub Screen: Direct Sub-Recipient: 3183326AN

103	Sub-Recipient Organization (Payee)*	THE ANDERSONS MARATHON HOLDINGS LLC-3183326AN
104	Obligation Amount*	\$0.00
105	Obligation Date *	09/03/2020

### Obligations

	106 A	106 B	106 C	106 D	106 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-269-0045 - State Biofuel Grant Program	\$00	\$0.00	\$00	\$0.00
Total		\$00	\$0.00	\$00	\$0.00

### Previous Expenditures (All previous quarters)

107 A	107 B	107 C	107 D	107 E
Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Total:				\$00

### Current Quarter Expenditures

	108 A	108 B	108 C	108 D	108 E	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0		\$00			
Total:						\$00

### Sub Screen: Direct Sub-Recipient: 3183649GR

103	Sub-Recipient Organization (Payee)*	GRAIN PROCESSING CORPORATION-3183649GR
104	Obligation Amount*	\$0.00
105	Obligation Date *	09/30/2020

### Obligations

	106 A	106 B	106 C	106 D	106 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-269-0045 - State Biofuel Grant Program	\$00	\$0.00	\$00	\$0.00
Total		\$00	\$0.00	\$00	\$0.00

### Previous Expenditures (All previous quarters)

107 A	107 B	107 C	107 D	107 E
Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Total:				\$00

### Current Quarter Expenditures

	108 A	108 B	108 C	108 D	108 E	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0		\$00			
Total:						\$00

### Sub Screen: Direct Sub-Recipient: 2144009GR

103	Sub-Recipient Organization (Payee)*	GREEN PLAINS RENEWABLE-2144009GR
104	Obligation Amount*	\$0.00
105	Obligation Date *	09/01/2020

### Obligations

	106 A	106 B	106 C	106 D	106 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-269-0045 - State Biofuel Grant Program	\$00	\$0.00	\$00	\$0.00
Total		\$00	\$0.00	\$00	\$0.00

### Previous Expenditures (All previous quarters)

107 A	107 B	107 C	107 D	107 E
Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Total:				\$00

### Current Quarter Expenditures

	108 A	108 B	108 C	108 D	108 E	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0		\$00			
Total:						\$00



## Sub Screen: Direct Sub-Recipient: 2109498DE

103	Sub-Recipient Organization (Payee)*	DES MOINES AREA COMM COL-2109498DE
104	Obligation Amount*	\$1,118,041.00
105	Obligation Date *	08/12/2020

### Obligations

	106 A	106 B	106 C	106 D	106 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-284-0232 - Future Ready Iowa Last-Dollar Scholarship	\$00	\$1,118,041.00	\$00	\$1,118,041.00
Total		\$00	\$1,118,041.00	\$00	\$1,118,041.00

### Previous Expenditures (All previous quarters)

	107 A	107 B		107 C	107 D	107 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-284-0232 - Future Ready Iowa Last-Dollar Scholarship	08/12/2020	09/10/2020	\$1,118,041.00	Economic Support (Other than Small Business, Housing, and Food Assistance)	
Total:				\$1,118,041.00		

### Current Quarter Expenditures

	108 A	108 B		108 C	108 D	108 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:				\$00			

## Sub Screen: Direct Sub-Recipient: 2109562SO

103	Sub-Recipient Organization (Payee)*	SOUTHWESTERN COMM COLLEG-2109562SO
104	Obligation Amount*	\$152,117.00
105	Obligation Date *	08/12/2020

### Obligations

	106 A	106 B	106 C	106 D	106 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-284-0232 - Future Ready Iowa Last-Dollar Scholarship	\$00	\$152,117.00	\$00	\$152,117.00
Total		\$00	\$152,117.00	\$00	\$152,117.00

### Previous Expenditures (All previous quarters)

	107 A	107 B		107 C	107 D	107 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-284-0232 - Future Ready Iowa Last-Dollar Scholarship	08/12/2020	09/10/2020	\$152,117.00	Economic Support (Other than Small Business, Housing, and Food Assistance)	
Total:				\$152,117.00		

### Current Quarter Expenditures

	108 A	108 B		108 C	108 D	108 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:				\$00			

## Sub Screen: Direct Sub-Recipient: 2107135CA

103	Sub-Recipient Organization (Payee)*	CATHOLIC HEALTH INITIAT-2107135CA
104	Obligation Amount*	\$100,309.00
105	Obligation Date *	08/19/2020

### Obligations

	106 A	106 B	106 C	106 D	106 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-284-0232 - Future Ready Iowa Last-Dollar Scholarship	\$00	\$100,309.00	\$00	\$100,309.00
Total		\$00	\$100,309.00	\$00	\$100,309.00

### Previous Expenditures (All previous quarters)

	107 A	107 B		107 C	107 D	107 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-284-0232 - Future Ready Iowa Last-Dollar Scholarship	08/19/2020	08/19/2020	\$100,309.00	Economic Support (Other than Small Business, Housing, and Food Assistance)	
Total:				\$100,309.00		

### Current Quarter Expenditures

	108 A	108 B		108 C	108 D	108 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:				\$00			

### Sub Screen: Direct Sub-Recipient: 2109477HA

103	Sub-Recipient Organization (Payee)*	HAWKEYE COMMUNITY COLLEGE-2109477HA
104	Obligation Amount*	\$565,625.00
105	Obligation Date *	08/19/2020

### Obligations

	106 A	106 B	106 C	106 D	106 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-284-0232 - Future Ready Iowa Last-Dollar Scholarship	\$00	\$565,625.00	\$00	\$565,625.00
Total		\$00	\$565,625.00	\$00	\$565,625.00

### Previous Expenditures (All previous quarters)

	107 A	107 B	107 C	107 D	107 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-284-0232 - Future Ready Iowa Last-Dollar Scholarship	08/19/2020 08/19/2020	\$565,625.00	Economic Support (Other than Small Business, Housing, and Food Assistance)	
Total:					\$565,625.00

### Current Quarter Expenditures

	108 A	108 B	108 C	108 D	108 E	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0		\$00			
Total:						\$00

### Sub Screen: Direct Sub-Recipient: 2104181CE

103	Sub-Recipient Organization (Payee)*	IOWA CENTRAL COMM COLLEG-2104181CE
104	Obligation Amount*	\$324,443.00
105	Obligation Date *	08/19/2020

### Obligations

	106 A	106 B	106 C	106 D	106 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-284-0232 - Future Ready Iowa Last-Dollar Scholarship	\$00	\$324,443.00	\$00	\$324,443.00
Total		\$00	\$324,443.00	\$00	\$324,443.00

### Previous Expenditures (All previous quarters)

	107 A	107 B	107 C	107 D	107 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-284-0232 - Future Ready Iowa Last-Dollar Scholarship	08/19/2020 08/19/2020	\$324,443.00	Economic Support (Other than Small Business, Housing, and Food Assistance)	
Total:					\$324,443.00

### Current Quarter Expenditures

	108 A	108 B	108 C	108 D	108 E	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0		\$00			
Total:						\$00

## Sub Screen: Direct Sub-Recipient: 2109614LA

103	Sub-Recipient Organization (Payee)*	IOWA LAKES COMM COLLEGE-2109614LA
104	Obligation Amount*	\$346,814.00
105	Obligation Date *	08/19/2020

### Obligations

	106 A	106 B	106 C	106 D	106 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-284-0232 - Future Ready Iowa Last-Dollar Scholarship	\$00	\$346,814.00	\$00	\$346,814.00
Total		\$00	\$346,814.00	\$00	\$346,814.00

### Previous Expenditures (All previous quarters)

	107 A	107 B		107 C	107 D	107 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-284-0232 - Future Ready Iowa Last-Dollar Scholarship	08/19/2020	09/16/2020	\$346,814.00	Economic Support (Other than Small Business, Housing, and Food Assistance)	
Total:				\$346,814.00		

### Current Quarter Expenditures

	108 A	108 B		108 C	108 D	108 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:				\$00			

## Sub Screen: Direct Sub-Recipient: 2109511VA

103	Sub-Recipient Organization (Payee)*	IOWA VALLEY COMMUNITY COLLEGE DISTRICT-2109511VA
104	Obligation Amount*	\$237,678.00
105	Obligation Date *	08/19/2020

### Obligations

	106 A	106 B	106 C	106 D	106 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-284-0232 - Future Ready Iowa Last-Dollar Scholarship	\$00	\$237,678.00	\$00	\$237,678.00
Total		\$00	\$237,678.00	\$00	\$237,678.00

### Previous Expenditures (All previous quarters)

	107 A	107 B	107 C	107 D	107 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*
Line 1	IA-284-0232 - Future Ready Iowa Last-Dollar Scholarship	08/19/2020	08/24/2020	\$237,678.00	Economic Support (Other than Small Business, Housing, and Food Assistance)
Total:					\$237,678.00

### Current Quarter Expenditures

	108 A	108 B	108 C	108 D	108 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*
Line 1	0			\$00	
Total:					\$00

### Sub Screen: Direct Sub-Recipient: 2109627NO

103	Sub-Recipient Organization (Payee)*	NORTH IOWA AREA COMMUNITY COLLEGE-2109627NO
104	Obligation Amount*	\$315,568.00
105	Obligation Date *	08/19/2020

### Obligations

	106 A	106 B	106 C	106 D	106 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-284-0232 - Future Ready Iowa Last-Dollar Scholarship	\$00	\$315,568.00	\$00	\$315,568.00
Total		\$00	\$315,568.00	\$00	\$315,568.00

### Previous Expenditures (All previous quarters)

	107 A	107 B	107 C	107 D	107 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*
Line 1	IA-284-0232 - Future Ready Iowa Last-Dollar Scholarship	08/19/2020	08/19/2020	\$315,568.00	Economic Support (Other than Small Business, Housing, and Food Assistance)
Total:					\$315,568.00

### Current Quarter Expenditures

	108 A	108 B	108 C	108 D	108 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*
Line 1	0			\$00	
Total:					\$00



## Sub Screen: Direct Sub-Recipient: 2109523SO

103	Sub-Recipient Organization (Payee)*	SOUTHEASTERN COMMUNITY COLLEGE-2109523SO
104	Obligation Amount*	\$203,870.00
105	Obligation Date *	08/19/2020

### Obligations

	106 A	106 B	106 C	106 D	106 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-284-0232 - Future Ready Iowa Last-Dollar Scholarship	\$00	\$203,870.00	\$00	\$203,870.00
Total		\$00	\$203,870.00	\$00	\$203,870.00

### Previous Expenditures (All previous quarters)

	107 A	107 B	107 C	107 D	107 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*
Line 1	IA-284-0232 - Future Ready Iowa Last-Dollar Scholarship	08/19/2020	08/19/2020	\$203,870.00	Economic Support (Other than Small Business, Housing, and Food Assistance)
Total:					\$203,870.00

### Current Quarter Expenditures

	108 A	108 B	108 C	108 D	108 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*
Line 1	0			\$00	
Total:					\$00

**Sub Screen: Direct Sub-Recipient: 2109530WE**

103	Sub-Recipient Organization (Payee)*	WESTERN IOWA TECH CC-2109530WE
104	Obligation Amount*	\$309,819.00
105	Obligation Date *	09/10/2020

**Obligations**

	106 A	106 B	106 C	106 D	106 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-284-0232 - Future Ready Iowa Last-Dollar Scholarship	\$00	\$309,819.00	\$00	\$309,819.00
Total		\$00	\$309,819.00	\$00	\$309,819.00

**Previous Expenditures (All previous quarters)**

	107 A	107 B		107 C	107 D	107 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-284-0232 - Future Ready Iowa Last-Dollar Scholarship	09/10/2020	09/10/2020	\$309,819.00	Economic Support (Other than Small Business, Housing, and Food Assistance)	
Total:				\$309,819.00		

**Current Quarter Expenditures**

	108 A	108 B		108 C	108 D	108 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:				\$00			

## Sub Screen: Direct Sub-Recipient: 2109413EA

103	Sub-Recipient Organization (Payee)*	EASTERN IA COMM COLLEGE-2109413EA
104	Obligation Amount*	\$234,171.00
105	Obligation Date *	09/03/2020

### Obligations

	106 A	106 B	106 C	106 D	106 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-284-0232 - Future Ready Iowa Last-Dollar Scholarship	\$00	\$234,171.00	\$00	\$234,171.00
Total		\$00	\$234,171.00	\$00	\$234,171.00

### Previous Expenditures (All previous quarters)

	107 A	107 B		107 C	107 D	107 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-284-0232 - Future Ready Iowa Last-Dollar Scholarship	09/03/2020	09/03/2020	\$234,171.00	Economic Support (Other than Small Business, Housing, and Food Assistance)	
Total:				\$234,171.00		

### Current Quarter Expenditures

	108 A	108 B		108 C	108 D	108 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:				\$00			

### Sub Screen: Direct Sub-Recipient: 2109450WE

103	Sub-Recipient Organization (Payee)*	IOWA WESTERN COMMUNITY COLLEGE-2109450WE
104	Obligation Amount*	\$226,691.00
105	Obligation Date *	09/03/2020

### Obligations

	106 A	106 B	106 C	106 D	106 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-284-0232 - Future Ready Iowa Last-Dollar Scholarship	\$00	\$226,691.00	\$00	\$226,691.00
Total		\$00	\$226,691.00	\$00	\$226,691.00

### Previous Expenditures (All previous quarters)

	107 A	107 B		107 C	107 D	107 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-284-0232 - Future Ready Iowa Last-Dollar Scholarship	09/03/2020	09/03/2020	\$226,691.00	Economic Support (Other than Small Business, Housing, and Food Assistance)	
Total:				\$226,691.00		

### Current Quarter Expenditures

	108 A	108 B		108 C	108 D	108 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:				\$00			

## Sub Screen: Direct Sub-Recipient: 2109431KI

103	Sub-Recipient Organization (Payee)*	KIRKWOOD COMMUNITY COLLEGE-2109431KI
104	Obligation Amount*	\$649,375.00
105	Obligation Date *	09/03/2020

### Obligations

	106 A	106 B	106 C	106 D	106 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-284-0232 - Future Ready Iowa Last-Dollar Scholarship	\$00	\$649,375.00	\$00	\$649,375.00
Total		\$00	\$649,375.00	\$00	\$649,375.00

### Previous Expenditures (All previous quarters)

	107 A	107 B	107 C	107 D	107 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*
Line 1	IA-284-0232 - Future Ready Iowa Last-Dollar Scholarship	09/03/2020	09/03/2020	\$649,375.00	Economic Support (Other than Small Business, Housing, and Food Assistance)
Total:					\$649,375.00

### Current Quarter Expenditures

	108 A	108 B	108 C	108 D	108 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*
Line 1	0			\$00	
Total:					\$00

### Sub Screen: Direct Sub-Recipient: 2109495NO

103	Sub-Recipient Organization (Payee)*	NORTHWEST IOWA COMM COLL-2109495NO
104	Obligation Amount*	\$315,479.00
105	Obligation Date *	09/03/2020

### Obligations

	106 A	106 B	106 C	106 D	106 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-284-0232 - Future Ready Iowa Last-Dollar Scholarship	\$00	\$315,479.00	\$00	\$315,479.00
Total		\$00	\$315,479.00	\$00	\$315,479.00

### Previous Expenditures (All previous quarters)

	107 A	107 B		107 C	107 D	107 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-284-0232 - Future Ready Iowa Last-Dollar Scholarship	09/03/2020	09/03/2020	\$315,479.00	Economic Support (Other than Small Business, Housing, and Food Assistance)	
Total:				\$315,479.00		

### Current Quarter Expenditures

	108 A	108 B		108 C	108 D	108 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:				\$00			

## Sub Screen: Direct Sub-Recipient: 3177689DR

103	Sub-Recipient Organization (Payee)*	DRE HEALTH CORPORATION-3177689DR
104	Obligation Amount*	\$0.00
105	Obligation Date *	03/27/2020

### Obligations

	106 A	106 B	106 C	106 D	106 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-583-0012 - State FEMA PA Match	\$00	\$0.00	\$00	\$0.00
Total		\$00	\$0.00	\$00	\$0.00

### Previous Expenditures (All previous quarters)

	107 A	107 B		107 C	107 D	107 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-583-0012 - State FEMA PA Match	03/27/2020	06/30/2020	\$3,803,319.89	Personal Protective Equipment	
Line 2	IA-583-0012 - State FEMA PA Match	06/25/2021	06/25/2021	\$-3,803,319.89	Personal Protective Equipment	
Total:				\$0.00		

### Current Quarter Expenditures

	108 A	108 B		108 C	108 D	108 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:				\$00			

### Sub Screen: Direct Sub-Recipient: 3177663JJ

103	Sub-Recipient Organization (Payee)*	J.J. JINKLEHEIMER-3177663JJ
104	Obligation Amount*	\$0.00
105	Obligation Date *	03/26/2020

### Obligations

	106 A	106 B	106 C	106 D	106 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-583-0012 - State FEMA PA Match	\$00	\$0.00	\$00	\$0.00
Total		\$00	\$0.00	\$00	\$0.00

### Previous Expenditures (All previous quarters)

	107 A	107 B		107 C	107 D	107 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-583-0012 - State FEMA PA Match	03/26/2020	04/07/2020	\$240,562.50	Personal Protective Equipment	
Line 2	IA-583-0012 - State FEMA PA Match	06/25/2021	06/25/2021	\$-240,562.50	Personal Protective Equipment	
Total:				\$0.00		

### Current Quarter Expenditures

	108 A	108 B		108 C	108 D	108 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:				\$00			



## Sub Screen: Direct Sub-Recipient: 3177748KK

103	Sub-Recipient Organization (Payee)*	KKM GLOBAL GROUP LLC-3177748KK
104	Obligation Amount*	\$0.00
105	Obligation Date *	03/30/2020

### Obligations

	106 A	106 B	106 C	106 D	106 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-583-0012 - State FEMA PA Match	\$00	\$0.00	\$00	\$0.00
Total		\$00	\$0.00	\$00	\$0.00

### Previous Expenditures (All previous quarters)

	107 A	107 B		107 C	107 D	107 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-583-0012 - State FEMA PA Match	03/30/2020	05/27/2020	\$1,810,651.10	Personal Protective Equipment	
Line 2	IA-583-0012 - State FEMA PA Match	06/25/2021	06/25/2021	\$-1,810,651.10	Personal Protective Equipment	
Total:				\$0.00		

### Current Quarter Expenditures

	108 A	108 B		108 C	108 D	108 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:				\$00			

## Sub Screen: Direct Sub-Recipient: 3178141BR

103	Sub-Recipient Organization (Payee)*	BROKER BROTHERS LOGISTICS INC-3178141BR
104	Obligation Amount*	\$0.00
105	Obligation Date *	04/16/2020

### Obligations

	106 A	106 B	106 C	106 D	106 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-583-0012 - State FEMA PA Match	\$00	\$0.00	\$00	\$0.00
Total		\$00	\$0.00	\$00	\$0.00

### Previous Expenditures (All previous quarters)

	107 A	107 B		107 C	107 D	107 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-583-0012 - State FEMA PA Match	04/16/2020	06/06/2020	\$119,178.35	Personal Protective Equipment	
Line 2	IA-583-0012 - State FEMA PA Match	06/25/2021	06/25/2021	\$-119,178.35	Personal Protective Equipment	
Total:				\$0.00		

### Current Quarter Expenditures

	108 A	108 B		108 C	108 D	108 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:				\$00			

## Sub Screen: Direct Sub-Recipient: 3178191FO

103	Sub-Recipient Organization (Payee)*	FOCUS INDUSTRIES LLC-3178191FO
104	Obligation Amount*	\$0.00
105	Obligation Date *	04/07/2020

### Obligations

	106 A	106 B	106 C	106 D	106 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-583-0012 - State FEMA PA Match	\$00	\$0.00	\$00	\$0.00
Total		\$00	\$0.00	\$00	\$0.00

### Previous Expenditures (All previous quarters)

	107 A	107 B		107 C	107 D	107 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-583-0012 - State FEMA PA Match	04/07/2020	06/08/2020	\$169,022.05	Personal Protective Equipment	
Line 2	IA-583-0012 - State FEMA PA Match	06/25/2021	06/25/2021	\$-169,022.05	Personal Protective Equipment	
Total:				\$0.00		

### Current Quarter Expenditures

	108 A	108 B		108 C	108 D	108 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:				\$00			

## Sub Screen: Direct Sub-Recipient: 0006472DI

103	Sub-Recipient Organization (Payee)*	DICKSON INDUSTRIES INC-0006472DI
104	Obligation Amount*	\$0.00
105	Obligation Date *	04/17/2020

### Obligations

	106 A	106 B	106 C	106 D	106 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-583-0012 - State FEMA PA Match	\$00	\$0.00	\$00	\$0.00
Total		\$00	\$0.00	\$00	\$0.00

### Previous Expenditures (All previous quarters)

	107 A	107 B		107 C	107 D	107 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-583-0012 - State FEMA PA Match	04/17/2020	04/17/2020	\$2,300,000.00	Personal Protective Equipment	
Line 2	IA-583-0012 - State FEMA PA Match	06/25/2021	06/25/2021	\$-2,300,000.00	Personal Protective Equipment	
Total:				\$0.00		

### Current Quarter Expenditures

	108 A	108 B		108 C	108 D	108 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:				\$00			

## Sub Screen: Direct Sub-Recipient: 2129317UN

103	Sub-Recipient Organization (Payee)*	UNIVERSITY OF IOWA-2129317UN
104	Obligation Amount*	\$0.00
105	Obligation Date *	04/24/2020

### Obligations

	106 A	106 B	106 C	106 D	106 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-583-0012 - State FEMA PA Match	\$00	\$0.00	\$00	\$0.00
Total		\$00	\$0.00	\$00	\$0.00

### Previous Expenditures (All previous quarters)

	107 A	107 B	107 C	107 D	107 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-583-0012 - State FEMA PA Match	04/24/2020 06/23/2020	\$1,002,549.50	Personal Protective Equipment	
Line 2	IA-583-0012 - State FEMA PA Match	05/05/2020 05/07/2020	\$1,708.00	COVID-19 Testing and Contact Tracing	
Line 3	IA-583-0012 - State FEMA PA Match	04/24/2020 06/23/2020	\$-1,002,549.50	Personal Protective Equipment	
Line 4	IA-583-0012 - State FEMA PA Match	05/05/2020 05/07/2020	\$-1,708.00	COVID-19 Testing and Contact Tracing	
Total:					\$0.00

### Current Quarter Expenditures

	108 A	108 B	108 C	108 D	108 E	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0		\$00			
Total:						\$00

## Sub Screen: Direct Sub-Recipient: 2117365DI

103	Sub-Recipient Organization (Payee)*	DIMENSIONAL GRAPHIC CORP (THE DIMENSIONAL GROUP)-2117365DI
104	Obligation Amount*	\$0.00
105	Obligation Date *	04/10/2020

### Obligations

	106 A	106 B	106 C	106 D	106 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-583-0012 - State FEMA PA Match	\$00	\$0.00	\$00	\$0.00
Total		\$00	\$0.00	\$00	\$0.00

### Previous Expenditures (All previous quarters)

	107 A	107 B		107 C	107 D	107 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-583-0012 - State FEMA PA Match	04/10/2020	06/29/2020	\$265,625.00	Personal Protective Equipment	
Line 2	IA-583-0012 - State FEMA PA Match	06/25/2021	06/25/2021	\$-265,625.00	Personal Protective Equipment	
Total:				\$0.00		

### Current Quarter Expenditures

	108 A	108 B		108 C	108 D	108 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:				\$00			

## Sub Screen: Direct Sub-Recipient: 2116164CO

103	Sub-Recipient Organization (Payee)*	COMPETITIVE EDGE INC-2116164CO
104	Obligation Amount*	\$0.00
105	Obligation Date *	04/17/2020

### Obligations

	106 A	106 B	106 C	106 D	106 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-583-0012 - State FEMA PA Match	\$00	\$0.00	\$00	\$0.00
Total		\$00	\$0.00	\$00	\$0.00

### Previous Expenditures (All previous quarters)

	107 A	107 B		107 C	107 D	107 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-583-0012 - State FEMA PA Match	04/17/2020	06/29/2020	\$1,461,925.00	Personal Protective Equipment	
Line 2	IA-583-0012 - State FEMA PA Match	06/25/2021	06/25/2021	\$-1,461,925.00	Personal Protective Equipment	
Total:				\$0.00		

### Current Quarter Expenditures

	108 A	108 B		108 C	108 D	108 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:				\$00			

## Sub Screen: Direct Sub-Recipient: 3077494US

103	Sub-Recipient Organization (Payee)*	iPromo-3077494US
104	Obligation Amount*	\$0.00
105	Obligation Date *	03/25/2020

### Obligations

	106 A	106 B	106 C	106 D	106 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-583-0012 - State FEMA PA Match	\$00	\$0.00	\$00	\$0.00
Total		\$00	\$0.00	\$00	\$0.00

### Previous Expenditures (All previous quarters)

	107 A	107 B		107 C	107 D	107 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-583-0012 - State FEMA PA Match	03/25/2020	03/26/2020	\$74,987.50	Personal Protective Equipment	
Line 2	IA-583-0012 - State FEMA PA Match	06/25/2021	06/25/2021	\$-74,987.50	Personal Protective Equipment	
Total:				\$0.00		

### Current Quarter Expenditures

	108 A	108 B		108 C	108 D	108 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:				\$00			



## Sub Screen: Direct Sub-Recipient: 3179087TA

103	Sub-Recipient Organization (Payee)*	TAIDA SPORTS INC (DBA BADA SPORT)-3179087TA
104	Obligation Amount*	\$0.00
105	Obligation Date *	04/07/2020

### Obligations

	106 A	106 B	106 C	106 D	106 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-583-0012 - State FEMA PA Match	\$00	\$0.00	\$00	\$0.00
Total		\$00	\$0.00	\$00	\$0.00

### Previous Expenditures (All previous quarters)

	107 A	107 B		107 C	107 D	107 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-583-0012 - State FEMA PA Match	04/07/2020	06/09/2020	\$349,420.25	Personal Protective Equipment	
Line 2	IA-583-0012 - State FEMA PA Match	06/25/2021	06/25/2021	\$-349,420.25	Personal Protective Equipment	
Total:				\$0.00		

### Current Quarter Expenditures

	108 A	108 B		108 C	108 D	108 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:				\$00			

## Sub Screen: Direct Sub-Recipient: 0006361HO

103	Sub-Recipient Organization (Payee)*	HONEYCORR ACQUISITION LLC-0006361HO
104	Obligation Amount*	\$0.00
105	Obligation Date *	04/24/2020

### Obligations

	106 A	106 B	106 C	106 D	106 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-583-0012 - State FEMA PA Match	\$00	\$0.00	\$00	\$0.00
Total		\$00	\$0.00	\$00	\$0.00

### Previous Expenditures (All previous quarters)

	107 A	107 B		107 C	107 D	107 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-583-0012 - State FEMA PA Match	04/24/2020	06/02/2020	\$75,000.00	Personal Protective Equipment	
Line 2	IA-583-0012 - State FEMA PA Match	06/25/2021	06/25/2021	\$-75,000.00	Personal Protective Equipment	
Total:				\$0.00		

### Current Quarter Expenditures

	108 A	108 B		108 C	108 D	108 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:				\$00			

## Sub Screen: Direct Sub-Recipient: 2099406WW

103	Sub-Recipient Organization (Payee)*	WW GRAINGER INC.-2099406WW
104	Obligation Amount*	\$0.00
105	Obligation Date *	03/23/2020

### Obligations

	106 A	106 B	106 C	106 D	106 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-583-0012 - State FEMA PA Match	\$00	\$0.00	\$00	\$0.00
Total		\$00	\$0.00	\$00	\$0.00

### Previous Expenditures (All previous quarters)

	107 A	107 B	107 C	107 D	107 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-583-0012 - State FEMA PA Match	03/23/2020 06/30/2020	\$124,653.05	Personal Protective Equipment	
Line 2	IA-583-0012 - State FEMA PA Match	04/21/2020 05/14/2020	\$1,622.57	COVID-19 Testing and Contact Tracing	
Line 3	IA-583-0012 - State FEMA PA Match	03/23/2020 06/30/2020	\$-124,653.05	Personal Protective Equipment	
Line 4	IA-583-0012 - State FEMA PA Match	04/21/2020 05/14/2020	\$-1,622.57	COVID-19 Testing and Contact Tracing	
Total:					\$0.00

### Current Quarter Expenditures

	108 A	108 B	108 C	108 D	108 E	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0		\$00			
Total:						\$00

## Sub Screen: Direct Sub-Recipient: 2107546ME

103	Sub-Recipient Organization (Payee)*	METALCRAFT ID PLATES-2107546ME
104	Obligation Amount*	\$0.00
105	Obligation Date *	04/17/2020

### Obligations

	106 A	106 B	106 C	106 D	106 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-583-0012 - State FEMA PA Match	\$00	\$0.00	\$00	\$0.00
Total		\$00	\$0.00	\$00	\$0.00

### Previous Expenditures (All previous quarters)

	107 A	107 B		107 C	107 D	107 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-583-0012 - State FEMA PA Match	04/17/2020	06/16/2020	\$75,000.00	Personal Protective Equipment	
Line 2	IA-583-0012 - State FEMA PA Match	06/25/2021	06/25/2021	\$-75,000.00	Personal Protective Equipment	
Total:				\$0.00		

### Current Quarter Expenditures

	108 A	108 B		108 C	108 D	108 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:				\$00			

## Sub Screen: Direct Sub-Recipient: 2128202DA

103	Sub-Recipient Organization (Payee)*	DAVENPORT CITY OF-2128202DA
104	Obligation Amount*	\$2,414,445.32
105	Obligation Date *	08/31/2020

### Obligations

	106 A	106 B	106 C	106 D	106 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-625-009W - Local Government Relief	\$00	\$2,414,445.32	\$00	\$2,414,445.32
Total		\$00	\$2,414,445.32	\$00	\$2,414,445.32

### Previous Expenditures (All previous quarters)

	107 A	107 B		107 C	107 D	107 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-625-009W - Local Government Relief	09/04/2020	09/04/2020	\$2,414,445.32	Payroll for Public Health and Safety Employees	
Total:						\$2,414,445.32

### Current Quarter Expenditures

	108 A	108 B		108 C	108 D	108 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:				\$00			

## Sub Screen: Direct Sub-Recipient: 2130589ST

103	Sub-Recipient Organization (Payee)*	STORM LAKE CITY OF-2130589ST
104	Obligation Amount*	\$175,424.88
105	Obligation Date *	09/11/2020

### Obligations

	106 A	106 B	106 C	106 D	106 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-625-009W - Local Government Relief	\$00	\$175,424.88	\$00	\$175,424.88
Total		\$00	\$175,424.88	\$00	\$175,424.88

### Previous Expenditures (All previous quarters)

	107 A	107 B		107 C	107 D	107 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-625-009W - Local Government Relief	09/18/2020	09/18/2020	\$175,424.88	Payroll for Public Health and Safety Employees	
Total:				\$175,424.88		

### Current Quarter Expenditures

	108 A	108 B		108 C	108 D	108 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:				\$00			

### Sub Screen: Direct Sub-Recipient: 2127951CH

103	Sub-Recipient Organization (Payee)*	CHEROKEE CITY OF-2127951CH
104	Obligation Amount*	\$92,989.58
105	Obligation Date *	09/17/2020

### Obligations

	106 A	106 B	106 C	106 D	106 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-625-009W - Local Government Relief	\$00	\$92,989.58	\$00	\$92,989.58
Total		\$00	\$92,989.58	\$00	\$92,989.58

### Previous Expenditures (All previous quarters)

	107 A	107 B	107 C	107 D	107 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-625-009W - Local Government Relief	09/18/2020 09/18/2020	\$92,989.58	Payroll for Public Health and Safety Employees	
Total:					\$92,989.58

### Current Quarter Expenditures

	108 A	108 B	108 C	108 D	108 E	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0		\$00			
Total:						\$00

## Sub Screen: Direct Sub-Recipient: 2130111OS

103	Sub-Recipient Organization (Payee)*	OSCEOLA CITY OF-2130111OS
104	Obligation Amount*	\$103,388.90
105	Obligation Date *	09/24/2020

### Obligations

	106 A	106 B	106 C	106 D	106 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-625-009W - Local Government Relief	\$00	\$103,388.90	\$00	\$103,388.90
Total		\$00	\$103,388.90	\$00	\$103,388.90

### Previous Expenditures (All previous quarters)

	107 A	107 B	107 C	107 D	107 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-625-009W - Local Government Relief	09/25/2020 09/25/2020	\$102,771.67	Payroll for Public Health and Safety Employees	
Line 2	IA-625-009W - Local Government Relief	09/25/2020 09/25/2020	\$572.42	Personal Protective Equipment	
Line 3	IA-625-009W - Local Government Relief	09/25/2020 09/25/2020	\$44.81	Medical Expenses	
Total:					\$103,388.90

### Current Quarter Expenditures

	108 A	108 B	108 C	108 D	108 E	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0		\$00			
Total:						\$00



## Sub Screen: Direct Sub-Recipient: 2128143CR

103	Sub-Recipient Organization (Payee)*	CRESO CITY OF-2128143CR
104	Obligation Amount*	\$70,593.75
105	Obligation Date *	09/24/2020

### Obligations

	106 A	106 B	106 C	106 D	106 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-625-009W - Local Government Relief	\$00	\$70,593.75	\$00	\$70,593.75
Total		\$00	\$70,593.75	\$00	\$70,593.75

### Previous Expenditures (All previous quarters)

	107 A	107 B		107 C	107 D	107 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-625-009W - Local Government Relief	09/25/2020	09/25/2020	\$70,593.75	Payroll for Public Health and Safety Employees	
Total:				\$70,593.75		

### Current Quarter Expenditures

	108 A	108 B		108 C	108 D	108 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:				\$00			

## Sub Screen: Direct Sub-Recipient: 2130836WA

103	Sub-Recipient Organization (Payee)*	WAVERLY CITY OF-2130836WA
104	Obligation Amount*	\$207,553.13
105	Obligation Date *	09/24/2020

### Obligations

	106 A	106 B	106 C	106 D	106 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-625-009W - Local Government Relief	\$00	\$207,553.13	\$00	\$207,553.13
Total		\$00	\$207,553.13	\$00	\$207,553.13

### Previous Expenditures (All previous quarters)

	107 A	107 B		107 C	107 D	107 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-625-009W - Local Government Relief	09/25/2020	09/25/2020	\$207,553.13	Payroll for Public Health and Safety Employees	
Total:				\$207,553.13		

### Current Quarter Expenditures

	108 A	108 B		108 C	108 D	108 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:				\$00			

## Sub Screen: Direct Sub-Recipient: 2130489SI

103	Sub-Recipient Organization (Payee)*	SIOUX CENTER CITY OF-2130489SI
104	Obligation Amount*	\$91,781.25
105	Obligation Date *	09/24/2020

### Obligations

	106 A	106 B	106 C	106 D	106 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-625-009W - Local Government Relief	\$00	\$91,781.25	\$00	\$91,781.25
Total		\$00	\$91,781.25	\$00	\$91,781.25

### Previous Expenditures (All previous quarters)

	107 A	107 B	107 C	107 D	107 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-625-009W - Local Government Relief	09/25/2020 09/25/2020	\$91,781.25	Payroll for Public Health and Safety Employees	
Total:					\$91,781.25

### Current Quarter Expenditures

	108 A	108 B	108 C	108 D	108 E	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0		\$00			
Total:						\$00

## Sub Screen: Direct Sub-Recipient: 3181170CO

103	Sub-Recipient Organization (Payee)*	COUNTY SOCIAL SERVICES-3181170CO
104	Obligation Amount*	\$4,016,726.10
105	Obligation Date *	08/12/2020

### Obligations

	106 A	106 B	106 C	106 D	106 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-413-MHS - Mental Health Services	\$00	\$4,016,726.10	\$00	\$4,016,726.10
Total		\$00	\$4,016,726.10	\$00	\$4,016,726.10

### Previous Expenditures (All previous quarters)

	107 A	107 B	107 C	107 D	107 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-413-MHS - Mental Health Services	08/12/2020 08/12/2020	\$4,016,726.10	Medical Expenses	
Total:					\$4,016,726.10

### Current Quarter Expenditures

	108 A	108 B	108 C	108 D	108 E	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0		\$00			
Total:						\$00

## Sub Screen: Direct Sub-Recipient: 3068153HE

103	Sub-Recipient Organization (Payee)*	IOWA HEALTHIEST STATE INITIATIVE-3068153HE
104	Obligation Amount*	\$1,000,000.00
105	Obligation Date *	11/09/2020

### Obligations

	106 A	106 B	106 C	106 D	106 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-413-0170 - Double Up Bucks	\$00	\$1,000,000.00	\$00	\$1,000,000.00
Total		\$00	\$1,000,000.00	\$00	\$1,000,000.00

### Previous Expenditures (All previous quarters)

	107 A	107 B		107 C	107 D	107 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-413-0170 - Double Up Bucks	11/09/2020	11/09/2020	\$1,000,000.00	Food Programs	
Total:				\$1,000,000.00		

### Current Quarter Expenditures

	108 A	108 B		108 C	108 D	108 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:				\$00			

## Sub Screen: Direct Sub-Recipient: 2129081AD

103	Sub-Recipient Organization (Payee)*	ADAIR CO TREASURER-2129081AD
104	Obligation Amount*	\$97,473.59
105	Obligation Date *	11/09/2020

### Obligations

	106 A	106 B	106 C	106 D	106 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-625-009W - Local Government Relief	\$00	\$97,473.59	\$00	\$97,473.59
Total		\$00	\$97,473.59	\$00	\$97,473.59

### Previous Expenditures (All previous quarters)

	107 A	107 B	107 C	107 D	107 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-625-009W - Local Government Relief	11/09/2020 12/09/2020	\$90,673.11	Payroll for Public Health and Safety Employees	
Line 2	IA-625-009W - Local Government Relief	11/09/2020 12/09/2020	\$6,800.48	Public Health Expenses	
Total:					\$97,473.59

### Current Quarter Expenditures

	108 A	108 B	108 C	108 D	108 E	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0		\$00			
Total:						\$00

## Sub Screen: Direct Sub-Recipient: 2127354AD

103	Sub-Recipient Organization (Payee)*	ADEL CITY OF-2127354AD
104	Obligation Amount*	\$129,646.61
105	Obligation Date *	12/08/2020

### Obligations

	106 A	106 B	106 C	106 D	106 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-625-009W - Local Government Relief	\$00	\$129,646.61	\$00	\$129,646.61
Total		\$00	\$129,646.61	\$00	\$129,646.61

### Previous Expenditures (All previous quarters)

	107 A	107 B	107 C	107 D	107 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-625-009W - Local Government Relief	12/08/2020 12/08/2020	\$129,646.61	Payroll for Public Health and Safety Employees	
Total:					\$129,646.61

### Current Quarter Expenditures

	108 A	108 B	108 C	108 D	108 E	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0		\$00			
Total:						\$00

## Sub Screen: Direct Sub-Recipient: 2130822AL

103	Sub-Recipient Organization (Payee)*	ALLAMAKEE CO TREASURER-2130822AL
104	Obligation Amount*	\$186,538.17
105	Obligation Date *	11/09/2020

### Obligations

	106 A	106 B	106 C	106 D	106 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-625-009W - Local Government Relief	\$00	\$186,538.17	\$00	\$186,538.17
Total		\$00	\$186,538.17	\$00	\$186,538.17

### Previous Expenditures (All previous quarters)

	107 A	107 B	107 C	107 D	107 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-625-009W - Local Government Relief	11/09/2020 12/15/2020	\$173,523.88	Payroll for Public Health and Safety Employees	
Line 2	IA-625-009W - Local Government Relief	11/09/2020 12/15/2020	\$13,014.29	Public Health Expenses	
Total:					\$186,538.17

### Current Quarter Expenditures

	108 A	108 B	108 C	108 D	108 E	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0		\$00			
Total:						\$00



## Sub Screen: Direct Sub-Recipient: 2127430AL

103	Sub-Recipient Organization (Payee)*	ALTOONA CITY OF-2127430AL
104	Obligation Amount*	\$456,817.14
105	Obligation Date *	10/05/2020

### Obligations

	106 A	106 B	106 C	106 D	106 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-625-009W - Local Government Relief	\$00	\$456,817.14	\$00	\$456,817.14
Total		\$00	\$456,817.14	\$00	\$456,817.14

### Previous Expenditures (All previous quarters)

	107 A	107 B		107 C	107 D	107 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-625-009W - Local Government Relief	10/05/2020	10/05/2020	\$456,817.14	Payroll for Public Health and Safety Employees	
Total:				\$456,817.14		

### Current Quarter Expenditures

	108 A	108 B		108 C	108 D	108 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:				\$00			

## Sub Screen: Direct Sub-Recipient: 2127436AM

103	Sub-Recipient Organization (Payee)*	AMES CITY OF-2127436AM
104	Obligation Amount*	\$1,574,725.05
105	Obligation Date *	11/17/2020

### Obligations

	106 A	106 B	106 C	106 D	106 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-625-009W - Local Government Relief	\$00	\$1,574,725.05	\$00	\$1,574,725.05
Total		\$00	\$1,574,725.05	\$00	\$1,574,725.05

### Previous Expenditures (All previous quarters)

	107 A	107 B	107 C	107 D	107 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-625-009W - Local Government Relief	11/17/2020 11/17/2020	\$1,574,725.05	Payroll for Public Health and Safety Employees	
Total:					\$1,574,725.05

### Current Quarter Expenditures

	108 A	108 B	108 C	108 D	108 E	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0		\$00			
Total:						\$00

## Sub Screen: Direct Sub-Recipient: 2127517AN

103	Sub-Recipient Organization (Payee)*	ANAMOSA CITY OF-2127517AN
104	Obligation Amount*	\$131,595.47
105	Obligation Date *	12/02/2020

### Obligations

	106 A	106 B	106 C	106 D	106 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-625-009W - Local Government Relief	\$00	\$131,595.47	\$00	\$131,595.47
Total		\$00	\$131,595.47	\$00	\$131,595.47

### Previous Expenditures (All previous quarters)

	107 A	107 B		107 C	107 D	107 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-625-009W - Local Government Relief	12/02/2020	12/02/2020	\$131,595.47	Payroll for Public Health and Safety Employees	
Total:						\$131,595.47

### Current Quarter Expenditures

	108 A	108 B		108 C	108 D	108 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:				\$00			

## Sub Screen: Direct Sub-Recipient: 2127543AN

103	Sub-Recipient Organization (Payee)*	ANKENY CITY OF-2127543AN
104	Obligation Amount*	\$1,600,796.97
105	Obligation Date *	11/18/2020

### Obligations

	106 A	106 B	106 C	106 D	106 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-625-009W - Local Government Relief	\$00	\$1,600,796.97	\$00	\$1,600,796.97
Total		\$00	\$1,600,796.97	\$00	\$1,600,796.97

### Previous Expenditures (All previous quarters)

	107 A	107 B		107 C	107 D	107 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-625-009W - Local Government Relief	11/18/2020	11/18/2020	\$1,600,796.97	Payroll for Public Health and Safety Employees	
Total:						\$1,600,796.97

### Current Quarter Expenditures

	108 A	108 B		108 C	108 D	108 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:				\$00			

## Sub Screen: Direct Sub-Recipient: 2127891AP

103	Sub-Recipient Organization (Payee)*	APPANOOSE CO TREASURER-2127891AP
104	Obligation Amount*	\$169,352.19
105	Obligation Date *	11/05/2020

### Obligations

	106 A	106 B	106 C	106 D	106 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-625-009W - Local Government Relief	\$00	\$169,352.19	\$00	\$169,352.19
Total		\$00	\$169,352.19	\$00	\$169,352.19

### Previous Expenditures (All previous quarters)

	107 A	107 B	107 C	107 D	107 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-625-009W - Local Government Relief	11/05/2020 11/09/2020	\$11,815.27	Public Health Expenses	
Line 2	IA-625-009W - Local Government Relief	11/05/2020 11/09/2020	\$157,536.92	Payroll for Public Health and Safety Employees	
Total:					\$169,352.19

### Current Quarter Expenditures

	108 A	108 B	108 C	108 D	108 E	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0		\$00			
Total:						\$00

## Sub Screen: Direct Sub-Recipient: 2127570AT

103	Sub-Recipient Organization (Payee)*	ATLANTIC CITY OF-2127570AT
104	Obligation Amount*	\$155,100.60
105	Obligation Date *	12/09/2020

### Obligations

	106 A	106 B	106 C	106 D	106 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-625-009W - Local Government Relief	\$00	\$155,100.60	\$00	\$155,100.60
Total		\$00	\$155,100.60	\$00	\$155,100.60

### Previous Expenditures (All previous quarters)

	107 A	107 B	107 C	107 D	107 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-625-009W - Local Government Relief	12/09/2020 12/09/2020	\$155,100.60	Payroll for Public Health and Safety Employees	
Total:					\$155,100.60

### Current Quarter Expenditures

	108 A	108 B	108 C	108 D	108 E	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0		\$00			
Total:						\$00

## Sub Screen: Direct Sub-Recipient: 2127600AU

103	Sub-Recipient Organization (Payee)*	AUDUBON COUNTY TREASURER-2127600AU
104	Obligation Amount*	\$74,904.20
105	Obligation Date *	11/09/2020

### Obligations

	106 A	106 B	106 C	106 D	106 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-625-009W - Local Government Relief	\$00	\$74,904.20	\$00	\$74,904.20
Total		\$00	\$74,904.20	\$00	\$74,904.20

### Previous Expenditures (All previous quarters)

	107 A	107 B		107 C	107 D	107 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-625-009W - Local Government Relief	11/09/2020	11/18/2020	\$5,225.87	Public Health Expenses	
Line 2	IA-625-009W - Local Government Relief	11/09/2020	11/18/2020	\$69,678.33	Payroll for Public Health and Safety Employees	
Total:				\$74,904.20		

### Current Quarter Expenditures

	108 A	108 B		108 C	108 D	108 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:				\$00			

## Sub Screen: Direct Sub-Recipient: 2127647BE

103	Sub-Recipient Organization (Payee)*	BELLEVUE CITY OF-2127647BE
104	Obligation Amount*	\$52,500.34
105	Obligation Date *	11/17/2020

### Obligations

	106 A	106 B	106 C	106 D	106 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-625-009W - Local Government Relief	\$00	\$52,500.34	\$00	\$52,500.34
Total		\$00	\$52,500.34	\$00	\$52,500.34

### Previous Expenditures (All previous quarters)

	107 A	107 B		107 C	107 D	107 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-625-009W - Local Government Relief	11/17/2020	11/17/2020	\$52,500.34	Payroll for Public Health and Safety Employees	
Total:				\$52,500.34		

### Current Quarter Expenditures

	108 A	108 B		108 C	108 D	108 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:				\$00			



## Sub Screen: Direct Sub-Recipient: 2130722BE

103	Sub-Recipient Organization (Payee)*	BENTON CO TREASURER-2130722BE
104	Obligation Amount*	\$349,512.05
105	Obligation Date *	11/09/2020

### Obligations

	106 A	106 B	106 C	106 D	106 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-625-009W - Local Government Relief	\$00	\$349,512.05	\$00	\$349,512.05
Total		\$00	\$349,512.05	\$00	\$349,512.05

### Previous Expenditures (All previous quarters)

	107 A	107 B	107 C	107 D	107 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-625-009W - Local Government Relief	11/09/2020 11/17/2020	\$24,384.56	Public Health Expenses	
Line 2	IA-625-009W - Local Government Relief	11/09/2020 11/17/2020	\$325,127.49	Payroll for Public Health and Safety Employees	
Total:					\$349,512.05

### Current Quarter Expenditures

	108 A	108 B	108 C	108 D	108 E	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0		\$00			
Total:						\$00

## Sub Screen: Direct Sub-Recipient: 2127656BE

103	Sub-Recipient Organization (Payee)*	BETTENDORF CITY OF-2127656BE
104	Obligation Amount*	\$868,501.58
105	Obligation Date *	10/23/2020

### Obligations

	106 A	106 B	106 C	106 D	106 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-625-009W - Local Government Relief	\$00	\$868,501.58	\$00	\$868,501.58
Total		\$00	\$868,501.58	\$00	\$868,501.58

### Previous Expenditures (All previous quarters)

	107 A	107 B		107 C	107 D	107 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-625-009W - Local Government Relief	10/23/2020	10/23/2020	\$868,501.58	Payroll for Public Health and Safety Employees	
Total:				\$868,501.58		

### Current Quarter Expenditures

	108 A	108 B		108 C	108 D	108 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:				\$00			

## Sub Screen: Direct Sub-Recipient: 2130796BL

103	Sub-Recipient Organization (Payee)*	BLACK HAWK CO TREASURER-2130796BL
104	Obligation Amount*	\$1,788,487.73
105	Obligation Date *	11/09/2020

### Obligations

	106 A	106 B	106 C	106 D	106 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-625-009W - Local Government Relief	\$00	\$1,788,487.73	\$00	\$1,788,487.73
Total		\$00	\$1,788,487.73	\$00	\$1,788,487.73

### Previous Expenditures (All previous quarters)

	107 A	107 B	107 C	107 D	107 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-625-009W - Local Government Relief	11/09/2020 11/18/2020	\$124,778.21	Public Health Expenses	
Line 2	IA-625-009W - Local Government Relief	11/09/2020 11/18/2020	\$1,663,709.52	Payroll for Public Health and Safety Employees	
Total:					\$1,788,487.73

### Current Quarter Expenditures

	108 A	108 B	108 C	108 D	108 E	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0		\$00			
Total:						\$00

## Sub Screen: Direct Sub-Recipient: 2127685BO

103	Sub-Recipient Organization (Payee)*	BONDURANT CITY OF-2127685BO
104	Obligation Amount*	\$165,367.76
105	Obligation Date *	11/18/2020

### Obligations

	106 A	106 B	106 C	106 D	106 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-625-009W - Local Government Relief	\$00	\$165,367.76	\$00	\$165,367.76
Total		\$00	\$165,367.76	\$00	\$165,367.76

### Previous Expenditures (All previous quarters)

	107 A	107 B	107 C	107 D	107 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-625-009W - Local Government Relief	11/18/2020 11/18/2020	\$165,367.76	Payroll for Public Health and Safety Employees	
Total:					\$165,367.76

### Current Quarter Expenditures

	108 A	108 B	108 C	108 D	108 E	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0		\$00			
Total:						\$00

## Sub Screen: Direct Sub-Recipient: 2127688BO

103	Sub-Recipient Organization (Payee)*	BOONE CITY OF-2127688BO
104	Obligation Amount*	\$294,325.14
105	Obligation Date *	11/05/2020

### Obligations

	106 A	106 B	106 C	106 D	106 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-625-009W - Local Government Relief	\$00	\$294,325.14	\$00	\$294,325.14
Total		\$00	\$294,325.14	\$00	\$294,325.14

### Previous Expenditures (All previous quarters)

	107 A	107 B	107 C	107 D	107 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-625-009W - Local Government Relief	11/05/2020 11/05/2020	\$294,325.14	Payroll for Public Health and Safety Employees	
Total:					\$294,325.14

### Current Quarter Expenditures

	108 A	108 B	108 C	108 D	108 E	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0		\$00			
Total:						\$00

## Sub Screen: Direct Sub-Recipient: 2127692BO

103	Sub-Recipient Organization (Payee)*	BOONE CO TREASURER-2127692BO
104	Obligation Amount*	\$357,539.45
105	Obligation Date *	11/09/2020

### Obligations

	106 A	106 B	106 C	106 D	106 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-625-009W - Local Government Relief	\$00	\$357,539.45	\$00	\$357,539.45
Total		\$00	\$357,539.45	\$00	\$357,539.45

### Previous Expenditures (All previous quarters)

	107 A	107 B	107 C	107 D	107 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-625-009W - Local Government Relief	11/09/2020 12/08/2020	\$24,944.61	Public Health Expenses	
Line 2	IA-625-009W - Local Government Relief	11/09/2020 12/08/2020	\$332,594.84	Payroll for Public Health and Safety Employees	
Total:					\$357,539.45

### Current Quarter Expenditures

	108 A	108 B	108 C	108 D	108 E	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0		\$00			
Total:						\$00

## Sub Screen: Direct Sub-Recipient: 2130839BR

103	Sub-Recipient Organization (Payee)*	BREMER CO TREASURER-2130839BR
104	Obligation Amount*	\$341,566.44
105	Obligation Date *	10/23/2020

### Obligations

	106 A	106 B	106 C	106 D	106 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-625-009W - Local Government Relief	\$00	\$341,566.44	\$00	\$341,566.44
Total		\$00	\$341,566.44	\$00	\$341,566.44

### Previous Expenditures (All previous quarters)

	107 A	107 B	107 C	107 D	107 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-625-009W - Local Government Relief	10/23/2020 11/09/2020	\$23,830.22	Public Health Expenses	
Line 2	IA-625-009W - Local Government Relief	10/23/2020 11/09/2020	\$317,736.22	Payroll for Public Health and Safety Employees	
Total:					\$341,566.44

### Current Quarter Expenditures

	108 A	108 B	108 C	108 D	108 E	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0		\$00			
Total:						\$00

## Sub Screen: Direct Sub-Recipient: 2129245BU

103	Sub-Recipient Organization (Payee)*	BUCHANAN CO TREASURER-2129245BU
104	Obligation Amount*	\$288,591.06
105	Obligation Date *	11/09/2020

### Obligations

	106 A	106 B	106 C	106 D	106 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-625-009W - Local Government Relief	\$00	\$288,591.06	\$00	\$288,591.06
Total		\$00	\$288,591.06	\$00	\$288,591.06

### Previous Expenditures (All previous quarters)

	107 A	107 B	107 C	107 D	107 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-625-009W - Local Government Relief	11/09/2020 12/15/2020	\$20,134.26	Public Health Expenses	
Line 2	IA-625-009W - Local Government Relief	11/09/2020 12/15/2020	\$268,456.80	Payroll for Public Health and Safety Employees	
Total:					\$288,591.06

### Current Quarter Expenditures

	108 A	108 B	108 C	108 D	108 E	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0		\$00			
Total:						\$00



## Sub Screen: Direct Sub-Recipient: 2130593BU

103	Sub-Recipient Organization (Payee)*	BUENA VISTA COUNTY TREASURER-2130593BU
104	Obligation Amount*	\$267,398.19
105	Obligation Date *	11/09/2020

### Obligations

	106 A	106 B	106 C	106 D	106 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-625-009W - Local Government Relief	\$00	\$267,398.19	\$00	\$267,398.19
Total		\$00	\$267,398.19	\$00	\$267,398.19

### Previous Expenditures (All previous quarters)

	107 A	107 B		107 C	107 D	107 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-625-009W - Local Government Relief	11/09/2020	11/17/2020	\$18,655.69	Public Health Expenses	
Line 2	IA-625-009W - Local Government Relief	11/09/2020	11/17/2020	\$248,742.50	Payroll for Public Health and Safety Employees	
Total:				\$267,398.19		

### Current Quarter Expenditures

	108 A	108 B		108 C	108 D	108 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:				\$00			

## Sub Screen: Direct Sub-Recipient: 2127727BU

103	Sub-Recipient Organization (Payee)*	BURLINGTON CITY OF-2127727BU
104	Obligation Amount*	\$587,343.12
105	Obligation Date *	10/23/2020

### Obligations

	106 A	106 B	106 C	106 D	106 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-625-009W - Local Government Relief	\$00	\$587,343.12	\$00	\$587,343.12
Total		\$00	\$587,343.12	\$00	\$587,343.12

### Previous Expenditures (All previous quarters)

	107 A	107 B		107 C	107 D	107 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-625-009W - Local Government Relief	10/23/2020	10/23/2020	\$587,343.12	Payroll for Public Health and Safety Employees	
Total:				\$587,343.12		

### Current Quarter Expenditures

	108 A	108 B		108 C	108 D	108 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:				\$00			

## Sub Screen: Direct Sub-Recipient: 2127403BU

103	Sub-Recipient Organization (Payee)*	BUTLER CO TREASURER-2127403BU
104	Obligation Amount*	\$196,787.08
105	Obligation Date *	11/09/2020

### Obligations

	106 A	106 B	106 C	106 D	106 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-625-009W - Local Government Relief	\$00	\$196,787.08	\$00	\$196,787.08
Total		\$00	\$196,787.08	\$00	\$196,787.08

### Previous Expenditures (All previous quarters)

	107 A	107 B	107 C	107 D	107 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-625-009W - Local Government Relief	11/09/2020 11/17/2020	\$13,729.33	Public Health Expenses	
Line 2	IA-625-009W - Local Government Relief	11/09/2020 11/17/2020	\$183,057.75	Payroll for Public Health and Safety Employees	
Total:					\$196,787.08

### Current Quarter Expenditures

	108 A	108 B	108 C	108 D	108 E	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0		\$00			
Total:						\$00

## Sub Screen: Direct Sub-Recipient: 2130346CA

103	Sub-Recipient Organization (Payee)*	CALHOUN CO TREASURER-2130346CA
104	Obligation Amount*	\$131,763.79
105	Obligation Date *	11/09/2020

### Obligations

	106 A	106 B	106 C	106 D	106 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-625-009W - Local Government Relief	\$00	\$131,763.79	\$00	\$131,763.79
Total		\$00	\$131,763.79	\$00	\$131,763.79

### Previous Expenditures (All previous quarters)

	107 A	107 B	107 C	107 D	107 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-625-009W - Local Government Relief	11/09/2020 12/08/2020	\$9,192.82	Public Health Expenses	
Line 2	IA-625-009W - Local Government Relief	11/09/2020 12/08/2020	\$122,570.97	Payroll for Public Health and Safety Employees	
Total:					\$131,763.79

### Current Quarter Expenditures

	108 A	108 B	108 C	108 D	108 E	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0		\$00			
Total:						\$00

## Sub Screen: Direct Sub-Recipient: 2127758CA

103	Sub-Recipient Organization (Payee)*	CARLISLE CITY OF-2127758CA
104	Obligation Amount*	\$102,053.63
105	Obligation Date *	11/17/2020

### Obligations

	106 A	106 B	106 C	106 D	106 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-625-009W - Local Government Relief	\$00	\$102,053.63	\$00	\$102,053.63
Total		\$00	\$102,053.63	\$00	\$102,053.63

### Previous Expenditures (All previous quarters)

	107 A	107 B		107 C	107 D	107 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-625-009W - Local Government Relief	11/17/2020	11/17/2020	\$102,053.63	Payroll for Public Health and Safety Employees	
Total:				\$102,053.63		

### Current Quarter Expenditures

	108 A	108 B		108 C	108 D	108 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:				\$00			

## Sub Screen: Direct Sub-Recipient: 2127764CA

103	Sub-Recipient Organization (Payee)*	CARROLL CITY OF-2127764CA
104	Obligation Amount*	\$233,696.63
105	Obligation Date *	11/17/2020

### Obligations

	106 A	106 B	106 C	106 D	106 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-625-009W - Local Government Relief	\$00	\$233,696.63	\$00	\$233,696.63
Total		\$00	\$233,696.63	\$00	\$233,696.63

### Previous Expenditures (All previous quarters)

	107 A	107 B	107 C	107 D	107 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-625-009W - Local Government Relief	11/17/2020 11/17/2020	\$233,696.63	Payroll for Public Health and Safety Employees	
Total:					\$233,696.63

### Current Quarter Expenditures

	108 A	108 B	108 C	108 D	108 E	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0		\$00			
Total:						\$00

## Sub Screen: Direct Sub-Recipient: 2127767CA

103	Sub-Recipient Organization (Payee)*	CARROLL COUNTY TREASURER-2127767CA
104	Obligation Amount*	\$274,825.91
105	Obligation Date *	11/09/2020

### Obligations

	106 A	106 B	106 C	106 D	106 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-625-009W - Local Government Relief	\$00	\$274,825.91	\$00	\$274,825.91
Total		\$00	\$274,825.91	\$00	\$274,825.91

### Previous Expenditures (All previous quarters)

	107 A	107 B	107 C	107 D	107 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-625-009W - Local Government Relief	11/09/2020 12/02/2020	\$19,173.90	Public Health Expenses	
Line 2	IA-625-009W - Local Government Relief	11/09/2020 12/02/2020	\$255,652.01	Payroll for Public Health and Safety Employees	
Total:					\$274,825.91

### Current Quarter Expenditures

	108 A	108 B	108 C	108 D	108 E	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0		\$00			
Total:						\$00

### Sub Screen: Direct Sub-Recipient: 2127791CA

103	Sub-Recipient Organization (Payee)*	CASCADE CITY OF-2127791CA
104	Obligation Amount*	\$55,352.33
105	Obligation Date *	10/05/2020

### Obligations

	106 A	106 B	106 C	106 D	106 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-625-009W - Local Government Relief	\$00	\$55,352.33	\$00	\$55,352.33
Total		\$00	\$55,352.33	\$00	\$55,352.33

### Previous Expenditures (All previous quarters)

	107 A	107 B	107 C	107 D	107 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-625-009W - Local Government Relief	10/05/2020	10/05/2020	\$543.10	Improve Telework Capabilities of Public Employees
Line 2	IA-625-009W - Local Government Relief	10/05/2020	10/05/2020	\$50.28	Medical Expenses
Line 3	IA-625-009W - Local Government Relief	10/05/2020	10/05/2020	\$17,762.92	Payroll for Public Health and Safety Employees
Line 4	IA-625-009W - Local Government Relief	10/05/2020	10/05/2020	\$2,343.43	Personal Protective Equipment
Line 5	IA-625-009W - Local Government Relief	10/05/2020	10/05/2020	\$275.58	Public Health Expenses
Line 6	IA-625-009W - Local Government Relief	10/05/2020	11/17/2020	\$34,377.02	Payroll for Public Health and Safety Employees
Total:					\$55,352.33

### Current Quarter Expenditures

	108 A	108 B		108 C	108 D	108 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:				\$00			



## Sub Screen: Direct Sub-Recipient: 2127575CA

103	Sub-Recipient Organization (Payee)*	CASS CO TREASURER-2127575CA
104	Obligation Amount*	\$174,940.02
105	Obligation Date *	11/09/2020

### Obligations

	106 A	106 B	106 C	106 D	106 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-625-009W - Local Government Relief	\$00	\$174,940.02	\$00	\$174,940.02
Total		\$00	\$174,940.02	\$00	\$174,940.02

### Previous Expenditures (All previous quarters)

	107 A	107 B	107 C	107 D	107 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-625-009W - Local Government Relief	11/09/2020 12/08/2020	\$12,205.12	Public Health Expenses	
Line 2	IA-625-009W - Local Government Relief	11/09/2020 12/08/2020	\$162,734.90	Payroll for Public Health and Safety Employees	
Total:					\$174,940.02

### Current Quarter Expenditures

	108 A	108 B	108 C	108 D	108 E	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0		\$00			
Total:						\$00

### Sub Screen: Direct Sub-Recipient: 2130656CE

103	Sub-Recipient Organization (Payee)*	CEDAR COUNTY TREASURER-2130656CE
104	Obligation Amount*	\$253,864.73
105	Obligation Date *	10/05/2020

### Obligations

	106 A	106 B	106 C	106 D	106 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-625-009W - Local Government Relief	\$00	\$253,864.73	\$00	\$253,864.73
Total		\$00	\$253,864.73	\$00	\$253,864.73

### Previous Expenditures (All previous quarters)

	107 A	107 B	107 C	107 D	107 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-625-009W - Local Government Relief	10/05/2020 11/09/2020	\$17,711.49	Public Health Expenses	
Line 2	IA-625-009W - Local Government Relief	10/05/2020 11/09/2020	\$236,153.24	Payroll for Public Health and Safety Employees	
Total:					\$253,864.73

### Current Quarter Expenditures

	108 A	108 B	108 C	108 D	108 E	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0		\$00			
Total:						\$00

## Sub Screen: Direct Sub-Recipient: 2127795CE

103	Sub-Recipient Organization (Payee)*	CEDAR FALLS CITY OF-2127795CE
104	Obligation Amount*	\$963,401.47
105	Obligation Date *	11/17/2020

### Obligations

	106 A	106 B	106 C	106 D	106 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-625-009W - Local Government Relief	\$00	\$963,401.47	\$00	\$963,401.47
Total		\$00	\$963,401.47	\$00	\$963,401.47

### Previous Expenditures (All previous quarters)

	107 A	107 B		107 C	107 D	107 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-625-009W - Local Government Relief	11/17/2020	11/17/2020	\$963,401.47	Payroll for Public Health and Safety Employees	
Total:						\$963,401.47

### Current Quarter Expenditures

	108 A	108 B		108 C	108 D	108 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:				\$00			

## Sub Screen: Direct Sub-Recipient: 2127843CE

103	Sub-Recipient Organization (Payee)*	CEDAR RAPIDS CITY OF-2127843CE
104	Obligation Amount*	\$3,174,309.93
105	Obligation Date *	11/05/2020

### Obligations

	106 A	106 B	106 C	106 D	106 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-625-009W - Local Government Relief	\$00	\$3,174,309.93	\$00	\$3,174,309.93
Total		\$00	\$3,174,309.93	\$00	\$3,174,309.93

### Previous Expenditures (All previous quarters)

	107 A	107 B		107 C	107 D	107 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-625-009W - Local Government Relief	11/05/2020	11/05/2020	\$3,174,309.93	Payroll for Public Health and Safety Employees	
Total:				\$3,174,309.93		

### Current Quarter Expenditures

	108 A	108 B		108 C	108 D	108 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:				\$00			

## Sub Screen: Direct Sub-Recipient: 2127885CE

103	Sub-Recipient Organization (Payee)*	CENTERVILLE CITY OF-2127885CE
104	Obligation Amount*	\$129,408.95
105	Obligation Date *	11/05/2020

### Obligations

	106 A	106 B	106 C	106 D	106 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-625-009W - Local Government Relief	\$00	\$129,408.95	\$00	\$129,408.95
Total		\$00	\$129,408.95	\$00	\$129,408.95

### Previous Expenditures (All previous quarters)

	107 A	107 B	107 C	107 D	107 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-625-009W - Local Government Relief	11/05/2020 11/05/2020	\$129,408.95	Payroll for Public Health and Safety Employees	
Total:					\$129,408.95

### Current Quarter Expenditures

	108 A	108 B	108 C	108 D	108 E	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0		\$00			
Total:						\$00

## Sub Screen: Direct Sub-Recipient: 2129773CE

103	Sub-Recipient Organization (Payee)*	CERRO GORDO CO TREASURER-2129773CE
104	Obligation Amount*	\$578,545.01
105	Obligation Date *	11/09/2020

### Obligations

	106 A	106 B	106 C	106 D	106 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-625-009W - Local Government Relief	\$00	\$578,545.01	\$00	\$578,545.01
Total		\$00	\$578,545.01	\$00	\$578,545.01

### Previous Expenditures (All previous quarters)

	107 A	107 B	107 C	107 D	107 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-625-009W - Local Government Relief	11/09/2020 12/02/2020	\$40,363.61	Public Health Expenses	
Line 2	IA-625-009W - Local Government Relief	11/09/2020 12/02/2020	\$538,181.40	Payroll for Public Health and Safety Employees	
Total:					\$578,545.01

### Current Quarter Expenditures

	108 A	108 B	108 C	108 D	108 E	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0		\$00			
Total:						\$00

### Sub Screen: Direct Sub-Recipient: 2127909CH

103	Sub-Recipient Organization (Payee)*	CHARITON CITY OF-2127909CH
104	Obligation Amount*	\$98,417.34
105	Obligation Date *	11/05/2020

### Obligations

	106 A	106 B	106 C	106 D	106 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-625-009W - Local Government Relief	\$00	\$98,417.34	\$00	\$98,417.34
Total		\$00	\$98,417.34	\$00	\$98,417.34

### Previous Expenditures (All previous quarters)

	107 A	107 B	107 C	107 D	107 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-625-009W - Local Government Relief	11/05/2020 11/05/2020	\$98,417.34	Payroll for Public Health and Safety Employees	
Total:					\$98,417.34

### Current Quarter Expenditures

	108 A	108 B	108 C	108 D	108 E	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0		\$00			
Total:						\$00

### Sub Screen: Direct Sub-Recipient: 2127927CH

103	Sub-Recipient Organization (Payee)*	CHARLES CITY CITY OF-2127927CH
104	Obligation Amount*	\$173,662.29
105	Obligation Date *	11/18/2020

### Obligations

	106 A	106 B	106 C	106 D	106 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-625-009W - Local Government Relief	\$00	\$173,662.29	\$00	\$173,662.29
Total		\$00	\$173,662.29	\$00	\$173,662.29

### Previous Expenditures (All previous quarters)

	107 A	107 B	107 C	107 D	107 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-625-009W - Local Government Relief	11/18/2020 11/18/2020	\$173,662.29	Payroll for Public Health and Safety Employees	
Total:					\$173,662.29

### Current Quarter Expenditures

	108 A	108 B	108 C	108 D	108 E	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0		\$00			
Total:						\$00



### Sub Screen: Direct Sub-Recipient: 2127951CH

103	Sub-Recipient Organization (Payee)*	CHEROKEE CITY OF-2127951CH
104	Obligation Amount*	\$22,729.82
105	Obligation Date *	11/17/2020

### Obligations

	106 A	106 B	106 C	106 D	106 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-625-009W - Local Government Relief	\$00	\$22,729.82	\$00	\$22,729.82
Total		\$00	\$22,729.82	\$00	\$22,729.82

### Previous Expenditures (All previous quarters)

	107 A	107 B	107 C	107 D	107 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-625-009W - Local Government Relief	11/17/2020 11/17/2020	\$22,729.82	Payroll for Public Health and Safety Employees	
Total:					\$22,729.82

### Current Quarter Expenditures

	108 A	108 B	108 C	108 D	108 E	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0		\$00			
Total:						\$00

### Sub Screen: Direct Sub-Recipient: 2127955CH

103	Sub-Recipient Organization (Payee)*	CHEROKEE COUNTY TREASURER-2127955CH
104	Obligation Amount*	\$153,120.22
105	Obligation Date *	11/09/2020

### Obligations

	106 A	106 B	106 C	106 D	106 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-625-009W - Local Government Relief	\$00	\$153,120.22	\$00	\$153,120.22
Total		\$00	\$153,120.22	\$00	\$153,120.22

### Previous Expenditures (All previous quarters)

	107 A	107 B	107 C	107 D	107 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-625-009W - Local Government Relief	11/09/2020 11/17/2020	\$10,682.81	Public Health Expenses	
Line 2	IA-625-009W - Local Government Relief	11/09/2020 11/17/2020	\$142,437.41	Payroll for Public Health and Safety Employees	
Total:					\$153,120.22

### Current Quarter Expenditures

	108 A	108 B	108 C	108 D	108 E	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0		\$00			
Total:						\$00

## Sub Screen: Direct Sub-Recipient: 2129956CH

103	Sub-Recipient Organization (Payee)*	CHICKASAW COUNTY TREASURER-2129956CH
104	Obligation Amount*	\$162,633.16
105	Obligation Date *	11/09/2020

### Obligations

	106 A	106 B	106 C	106 D	106 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-625-009W - Local Government Relief	\$00	\$162,633.16	\$00	\$162,633.16
Total		\$00	\$162,633.16	\$00	\$162,633.16

### Previous Expenditures (All previous quarters)

	107 A	107 B	107 C	107 D	107 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-625-009W - Local Government Relief	11/09/2020 12/02/2020	\$11,346.50	Public Health Expenses	
Line 2	IA-625-009W - Local Government Relief	11/09/2020 12/02/2020	\$151,286.66	Payroll for Public Health and Safety Employees	
Total:					\$162,633.16

### Current Quarter Expenditures

	108 A	108 B	108 C	108 D	108 E	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0		\$00			
Total:						\$00

### Sub Screen: Direct Sub-Recipient: 2127975CL

103	Sub-Recipient Organization (Payee)*	CLARINDA CITY OF-2127975CL
104	Obligation Amount*	\$127,531.39
105	Obligation Date *	11/17/2020

### Obligations

	106 A	106 B	106 C	106 D	106 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-625-009W - Local Government Relief	\$00	\$127,531.39	\$00	\$127,531.39
Total		\$00	\$127,531.39	\$00	\$127,531.39

### Previous Expenditures (All previous quarters)

	107 A	107 B		107 C	107 D	107 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-625-009W - Local Government Relief	11/17/2020	11/17/2020	\$127,531.39	Payroll for Public Health and Safety Employees	
Total:				\$127,531.39		

### Current Quarter Expenditures

	108 A	108 B		108 C	108 D	108 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:				\$00			

## Sub Screen: Direct Sub-Recipient: 2127994CL

103	Sub-Recipient Organization (Payee)*	CLARION CITY OF-2127994CL
104	Obligation Amount*	\$64,383.62
105	Obligation Date *	12/08/2020

### Obligations

	106 A	106 B	106 C	106 D	106 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-625-009W - Local Government Relief	\$00	\$64,383.62	\$00	\$64,383.62
Total		\$00	\$64,383.62	\$00	\$64,383.62

### Previous Expenditures (All previous quarters)

	107 A	107 B	107 C	107 D	107 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-625-009W - Local Government Relief	12/08/2020 12/08/2020	\$64,383.62	Payroll for Public Health and Safety Employees	
Total:					\$64,383.62

### Current Quarter Expenditures

	108 A	108 B	108 C	108 D	108 E	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0		\$00			
Total:						\$00

## Sub Screen: Direct Sub-Recipient: 2130541CL

103	Sub-Recipient Organization (Payee)*	CLAY CO TREASURER-2130541CL
104	Obligation Amount*	\$218,279.78
105	Obligation Date *	11/09/2020

### Obligations

	106 A	106 B	106 C	106 D	106 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-625-009W - Local Government Relief	\$00	\$218,279.78	\$00	\$218,279.78
Total		\$00	\$218,279.78	\$00	\$218,279.78

### Previous Expenditures (All previous quarters)

	107 A	107 B	107 C	107 D	107 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-625-009W - Local Government Relief	11/09/2020 12/14/2020	\$15,228.82	Public Health Expenses	
Line 2	IA-625-009W - Local Government Relief	11/09/2020 12/14/2020	\$203,050.96	Payroll for Public Health and Safety Employees	
Total:					\$218,279.78

### Current Quarter Expenditures

	108 A	108 B	108 C	108 D	108 E	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0		\$00			
Total:						\$00

### Sub Screen: Direct Sub-Recipient: 2128817CL

103	Sub-Recipient Organization (Payee)*	CLAYTON CO TREASURER-2128817CL
104	Obligation Amount*	\$239,172.83
105	Obligation Date *	11/09/2020

### Obligations

	106 A	106 B	106 C	106 D	106 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-625-009W - Local Government Relief	\$00	\$239,172.83	\$00	\$239,172.83
Total		\$00	\$239,172.83	\$00	\$239,172.83

### Previous Expenditures (All previous quarters)

	107 A	107 B	107 C	107 D	107 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-625-009W - Local Government Relief	11/09/2020 11/17/2020	\$16,686.48	Public Health Expenses	
Line 2	IA-625-009W - Local Government Relief	11/09/2020 11/17/2020	\$222,486.35	Payroll for Public Health and Safety Employees	
Total:					\$239,172.83

### Current Quarter Expenditures

	108 A	108 B	108 C	108 D	108 E	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0		\$00			
Total:						\$00

## Sub Screen: Direct Sub-Recipient: 2128016CL

103	Sub-Recipient Organization (Payee)*	CLEAR LAKE CITY OF-2128016CL
104	Obligation Amount*	\$179,437.56
105	Obligation Date *	11/05/2020

### Obligations

	106 A	106 B	106 C	106 D	106 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-625-009W - Local Government Relief	\$00	\$179,437.56	\$00	\$179,437.56
Total		\$00	\$179,437.56	\$00	\$179,437.56

### Previous Expenditures (All previous quarters)

	107 A	107 B		107 C	107 D	107 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-625-009W - Local Government Relief	11/05/2020	11/05/2020	\$179,437.56	Payroll for Public Health and Safety Employees	
Total:				\$179,437.56		

### Current Quarter Expenditures

	108 A	108 B		108 C	108 D	108 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:				\$00			



## Sub Screen: Direct Sub-Recipient: 2128028CL

103	Sub-Recipient Organization (Payee)*	CLINTON CO TREASURER-2128028CL
104	Obligation Amount*	\$632,774.23
105	Obligation Date *	11/05/2020

### Obligations

	106 A	106 B	106 C	106 D	106 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-625-009W - Local Government Relief	\$00	\$632,774.23	\$00	\$632,774.23
Total		\$00	\$632,774.23	\$00	\$632,774.23

### Previous Expenditures (All previous quarters)

	107 A	107 B	107 C	107 D	107 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-625-009W - Local Government Relief	11/05/2020 11/09/2020	\$44,147.04	Public Health Expenses	
Line 2	IA-625-009W - Local Government Relief	11/05/2020 11/09/2020	\$588,627.19	Payroll for Public Health and Safety Employees	
Total:					\$632,774.23

### Current Quarter Expenditures

	108 A	108 B	108 C	108 D	108 E	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0		\$00			
Total:						\$00

## Sub Screen: Direct Sub-Recipient: 2131511CL

103	Sub-Recipient Organization (Payee)*	CLIVE CITY OF-2131511CL
104	Obligation Amount*	\$409,783.11
105	Obligation Date *	11/18/2020

### Obligations

	106 A	106 B	106 C	106 D	106 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-625-009W - Local Government Relief	\$00	\$409,783.11	\$00	\$409,783.11
Total		\$00	\$409,783.11	\$00	\$409,783.11

### Previous Expenditures (All previous quarters)

	107 A	107 B	107 C	107 D	107 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-625-009W - Local Government Relief	11/18/2020 11/18/2020	\$409,783.11	Payroll for Public Health and Safety Employees	
Total:					\$409,783.11

### Current Quarter Expenditures

	108 A	108 B	108 C	108 D	108 E	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0		\$00			
Total:						\$00

### Sub Screen: Direct Sub-Recipient: 2129415CO

103	Sub-Recipient Organization (Payee)*	CORALVILLE CITY OF-2129415CO
104	Obligation Amount*	\$529,756.73
105	Obligation Date *	11/05/2020

### Obligations

	106 A	106 B	106 C	106 D	106 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-625-009W - Local Government Relief	\$00	\$529,756.73	\$00	\$529,756.73
Total		\$00	\$529,756.73	\$00	\$529,756.73

### Previous Expenditures (All previous quarters)

	107 A	107 B	107 C	107 D	107 E
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-625-009W - Local Government Relief	11/05/2020 11/05/2020	\$529,756.73	Payroll for Public Health and Safety Employees	
Total:					\$529,756.73

### Current Quarter Expenditures

	108 A	108 B	108 C	108 D	108 E	
	Project*	Expenditure Date Range*	Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0		\$00			
Total:						\$00

## Sub Screen: Direct Sub-Recipient: 2128106CO

103	Sub-Recipient Organization (Payee)*	COUNCIL BLUFFS CITY OF-2128106CO
104	Obligation Amount*	\$1,477,472.27
105	Obligation Date *	11/05/2020

### Obligations

	106 A	106 B	106 C	106 D	106 E
	Project*	Current Quarter Obligation*	Cumulative Obligation*	Current Quarter Expenditure	Cumulative Expenditure
Line 1	IA-625-009W - Local Government Relief	\$00	\$1,477,472.27	\$00	\$1,477,472.27
Total		\$00	\$1,477,472.27	\$00	\$1,477,472.27

### Previous Expenditures (All previous quarters)

	107 A	107 B		107 C	107 D	107 E
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description
Line 1	IA-625-009W - Local Government Relief	11/05/2020	11/05/2020	\$1,477,472.27	Payroll for Public Health and Safety Employees	
Total:						\$1,477,472.27

### Current Quarter Expenditures

	108 A	108 B		108 C	108 D	108 E	
	Project*	Expenditure Date Range*		Cost or Expenditure Amount*	Cost or Expenditure Category*	Category Description	Delete
Line 1	0			\$00			
Total:				\$00			